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OBSERVATIONS
ON THOSE
DISEASES OF FEMALES
WHICH ARE
ATTENDED BY DISCHARGES.

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OBSERVATIONS
ON THOSE
DISEASES OF FEMALES
WHICH ARE
ATTENDED BY DISCHARGES.

ILLUSTRATED BY
COPPER-PLATES OF THE DISEASES, &c.

BY
CHARLES MANSFIELD CLARKE,
MEMBER OF THE ROYAL COLLEGE OF SURGEONS; SURGEON TO THE QUEEN'S
LYING-IN HOSPITAL; AND LECTURER ON MIDWIFERY IN LONDON.

PART I.
MUCOUS DISCHARGES.

*Δει δε τον ορθως ταυτα χειριζοντα πρωτον μεν εκ των λειων
αρχεσθαι. Επειτα δε διαγιγνωσκειν τας τε φυσιας των γυναικων,
και τας ηλικιας, και τας ωρας, και τους τοπους, ου αν η.*

Ἰπποκρ. περι γυναικ. φυσ.

LONDON:
PRINTED FOR LONGMAN, HURST, REES, ORME, AND
BROWN, PATERNOSTER-ROW.

1814.

TO
DR. BAILLIE.

DEAR SIR,
IN dedicating the following Work to you,
I am performing an act of duty to a Physi-
cian who has greatly illustrated the nature
of disease by investigating morbid structure.
I entertain a hope also, that the imperfec-
tions of this work will find some shelter
under your protection: but I have especial
pleasure in thus publicly testifying the obli-
gations which I owe to you for many acts
of kindness, undeserved, but not unremem-
bered by,

Dear Sir,

Your most faithful Servant,

CHARLES MANSFIELD CLARKE.

Upper John Street, Golden Square,
Feb. 10, 1814.

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PREFACE.

THE author has had two objects in view in laying the following Observations before the public. In the first place, it appeared to him to be desirable to make some arrangement of the sexual diseases of the female. In the second, to shew that diseases having some symptoms in common, are nevertheless very dissimilar in their character, and require very different treatment ; to demonstrate the impropriety of designating diseases by names which do not convey a true idea of their character ; and to point out the dangerous consequences of treating symptoms instead of diseases.

Having been during many years a teacher of midwifery in the school founded by Dr. Denman and Dr. Osborn, and continued by his brother, Dr. Clarke, the author's attention has been naturally and necessarily led to contemplate the diseases of the sexual organs, and to consider the best mode of explaining them, so as to make the description profitable to those

whom it was his duty to instruct. In preparing his notes, a question arose in his mind ; whether any classification of them would assist the memory in retaining, or the judgement in discriminating and curing them. The opportunities which the author has had of attending to these diseases, and of observing the very general and careless manner in which they are sometimes treated, have induced him to attempt to illustrate them by a plain, unadorned history of their nature and symptoms, and to point out what appears to be the best mode of treatment. In this work, no more hypothetical reasoning has been admitted, than was absolutely necessary. The author has endeavoured to confine himself to facts, and the simple narration of them : he has no new theory to offer, no new medicine to propose, the virtues of which he is desirous of establishing.

How to arrange these diseases became an important subject for consideration : they are numerous, and dissimilar ; arise from various causes, and produce different effects. Some are attended by no discharge from the vagina ; others, on the contrary, never occur without discharge, and the nature of this discharge varies.—Here appeared to be a path to follow. Here, at any rate, was presented a mode of

making something like a division of these complaints, which might prove serviceable to the practitioner: for, supposing him not to be very conversant with these disorders, and to be at fault respecting the disease; supposing, for example, that he is not quite sure whether a tumour in the vagina is a soft polypus, or a cauliflower excrescence; if he knows that one of these diseases is attended by a mucous discharge and the other by a discharge of water, he will have nothing to do but to inquire into this circumstance, and the question is immediately solved.

The First Part of this work, now respectfully offered to the medical profession, contains those diseases which are attended by mucous discharges. Many other important diseases remain to be described under the head of purulent, watery, and white opaque discharges; and there are others of equal consequence, in which no discharge of any kind is present. These will fall under consideration in a future part of this undertaking.

The author entreats that the reader will make allowances for many inaccuracies in this work. He has endeavoured to write clearly rather than elegantly: he has not wilfully mis-

led any one ; and if these Observations shall prove in the smallest degree useful, in diffusing information upon the subject of them, or in mitigating the sufferings of human nature, the author will not consider his labour thrown away, nor his time misemployed.

OBSERVATIONS,

&c.

INTRODUCTORY REMARKS.

THE diseases of the sexual organs in females, although so various, so distressing to those who labour under them, and not unfrequently so fatal in their consequences, are perhaps less generally known and understood by practitioners, than any other complaints to which the human body is subject. They are often neglected by women during the early stages of them, concealed from a sense of delicacy during their progress, and are often only made known to practitioners, when they have proceeded so far as to be beyond the reach of remedy. In these latter stages, a disease becomes complicated with many symptoms not originally belonging to

it, which are the consequences of high irritation, of great debility, or of the general disturbance of the constitution.

In many of these diseases, when physicians or surgeons are consulted, the patient mentions some prominent symptom, which is to her the apparent cause of annoyance; and this is often considered as the disease, and treated as such.

With as much reason it might be expected to remove ascarides from the rectum by making applications to the nostrils, or to diminish the effects of pressure upon the brain by medicines applied to the stomach to relieve sickness, one of the symptoms of such pressure, as to cure a woman of an uterine disease in the manner alluded to above. Yet many instances are to be found where strangury has been treated as an idiopathic affection of the bladder, when it has in fact been symptomatic of a morbid state of the uterus; and also, where an itching of the external organs of generation has been attempted to be cured by a sedative lotion, when it de-

pend upon the presence of an organic disease in the neighbouring parts: or, lastly, where local astringents, and internal tonics and stimulants, have been prescribed for a case of fluor albus,—the symptom only of a disease; and that disease perhaps of an inflammatory character, which the discharge produced by the disease would be more likely to relieve than such remedies.

Upon almost all the other subjects connected with medicine, information may be obtained from a variety of sources: but upon the subject of the diseases of the female organs, many systems of physic and surgery, otherwise of deservedly high estimation, are entirely without information, and are often more apt to mislead than to instruct. Valuable observations are scattered through the works of different writers, and some detached papers upon the subject may be found in collections and transactions of different Societies; but the student does not know where to look for them: they require to be collected with much labour, and a great sacrifice of time; and it is almost im-

possible for a student to separate that which is valuable from that which is useless.

Another reason why the information of the medical student must be defective upon this subject is, that in the course of medical education, very few, if any, opportunities of witnessing any of the diseases of the female parts occur; there being no hospital into which these complaints are expressly received: and from many public institutions they are excluded, being generally chronic diseases; in some instances incurable, and only admitting of palliation.* A student would even gain little if such cases were admitted; for it could not be expected that a patient

* It may appear at first sight, that the exclusion of chronic diseases of this kind from hospitals is an improper regulation; but upon considering the matter more closely, it will be found, that though an individual may suffer, the public is a gainer. As the funds, and consequently the means of relief are limited, it becomes important to extend those means to as great a number as possible. The occupation of a bed in an hospital by one patient labouring under phthisis or an old ulcer of a leg for six months, will prevent assistance from being given to many labouring under acute diseases which might be cured in that period.

would submit to be exposed to the manual examination of a number of students ; and without such examination, little good could arise, except in cases of disease in the external organs, which bear a very small proportion to those of the internal or remote parts.

To give a history of the diseases of the female organs of generation, to describe with accuracy their symptoms, to shew by means of engravings the alteration of structure which the parts undergo, and thereby to familiarize the mind to them, so that when the diseases are met with, they may be known and distinguished, and to point out the mode of treating them—is the intention of this work. Owing to an imperfect knowledge, all the discharges from these parts, which are not of a red colour, have been classed under the title of *fluor albus*, and treated as that disease ; and various diseases in which there exists pain with a *foetid* discharge have been denominated cancer. To this confusion of the diseases of the female organs of generation are to be attributed those errors in practice which are frequently observed.

That engravings of morbid structure are likely to prove serviceable, in leading to the knowledge of disease in the living body, particularly when connected with a history of the disease, is the opinion of one of the first physicians of the present day, to whom medical science is indebted for a very valuable work upon morbid anatomy:—that they are really so, is demonstrated by the estimation in which that work is held.*

If, then, engravings taken from internal parts of the body after death are likely to prove serviceable, it may not be presuming too much, to hope that those which the author proposes to lay before the public will not be useless ; as every practitioner ought to be well acquainted with the diseases of the female organs of generation, in order to enable him by his sense of touch to discriminate between them. By the frequent employment of this sense, it becomes very acute, so as to convey with great correctness to the mind the impressions made upon it: but much time is required to perfect this sense. Many

* Dr. Baillie's Morbid Anatomy.

cases of disease must have presented themselves to the practitioner, before he will have obtained much knowledge respecting them: but if an engraving of the appearances of each disease is brought before his eye; if this is accompanied by a correct history of the symptoms, and a description of the peculiar nature of the discharge from the vagina, when such discharge accompanies the complaint; if it can be shewn that some diseases are characterized by discharges of a watery kind, others by those of mucus, others by those of pus, or of blood,—he will meet the first case which occurs to him with a confidence founded upon knowledge: and judging, by that which he has seen described in plates, of that which he feels, he will form a better opinion respecting the nature of the complaint, will be able to give a prognostic more likely to be verified, and will direct such measures to be pursued as will tend to its alleviation or removal.

To further this latter view, it is proposed also to give engravings of such instruments as may be necessary for the performance

of the operations required in some of the diseases, and of such machines as may be serviceable in applying local remedies to them.

In attendance upon the poorer class of patients, when suffering under the diseases of the external organs, the author has been able to make drawings, shewing the appearances of some of these diseases in the living body.

The other engravings are made from a collection of morbid preparations in the possession of Dr. Clarke and of the author; and occasionally from those of his friends, where he has found it necessary.

CHAPTER I.

Respecting the Sexual Organs in the Female, as far as their Secretions are concerned.

IT is not the intention of the author to increase the size of this work by giving an anatomical description of the female organs of generation, the dissecting-room furnishing a sufficient opportunity to the student to inform himself of their natural structure ; but it must be remarked, that it is highly important that the anatomy of these parts should be well understood. Without this knowledge, diseases cannot be known, nor the degree of them ; for as disease is a deviation from health, the natural structure must be known before those deviations from it can be ascertained which constitute disease. It is also especially necessary to be acquainted with the relative situation of these parts, and with the effects which arise out of this relation : this leads to a comprehension of the manner in which the disease is produced,

frequently accounts for many symptoms which could not otherwise be explained, and gives a direction to the application of those modes of treatment which may prove serviceable in restoring the parts to health.

As an accurate knowledge of the different secretions from these parts will very materially assist the practitioner in his inquiries, some remarks will be made here respecting them.

All the discharges from these parts come away from the *os externum*; but they spring from various sources, and are of different kinds. The parts from which these secretions arise, are:

1. The internal surface of the uterus and of the fallopian tubes.
2. The inner membrane of the vagina.
3. The *lacunæ* about the *os externum*.
4. The mucous membrane of the urethra.*

* These are the surfaces from which the natural secretions arise: but discharges from the *os externum* may ori-

These will be separately considered.

1. The secretions from the uterus. These are :

α. The menstrual secretion.

β. The secretion from the mucous membrane of the uterus, which extends to the cavities of the fallopian tubes.

γ. The secretion from the glands in the neighbourhood of the cervix of the uterus.

α. The Menstruous Secretion.

The menstrual secretion is a fluid of a red colour, possessing very little tenacity, which does not coagulate, poured out by the arteries of the uterus, once every lunar month in healthy women, if they are neither pregnant nor suckling;* it begins at puberty, and generally continues till between the age of forty and fifty in this country: so that

ginate from the surfaces of newly-formed tumours, as the cauliflower excrescence; or they may be the contents of cysts of hydatids.

* Some women who give suck do menstruate, but it is not usual.

calculating the age of puberty to be the fifteenth year, and the duration of life to be seventy years, it may be said that the menstruous secretion is performed during three-sevenths of it.

A case is related in the Transactions of the Medical and Chirurgical Society of London, by Dr. Martin Wall, professor of clinical medicine in the University of Oxford, of a child, aged nine years, having menstruated regularly from the age of nine months; in whom also all the symptoms, which attend puberty, were present before she was two years old.

It is of consequence for practical purposes to observe, that menstruation is a secretion, and not an effusion of pure blood either from arteries or veins. All blood from the sanguiferous vessels (with very few morbid exceptions) coagulates; whilst the fluid of the catamenia does not, whether it comes away in a stillatitious manner, or is retained in large quantity as in the case of imperforate vagina.

The quantity of the menstruous fluid is greater in warm than in cold climates: so, if a woman lives in an atmosphere artificially warmed, the same effect is produced.

At each period of menstruation, the average quantity lost in England, and perhaps in other countries in the same degree of latitude, may be reckoned at four ounces, which takes up about four or five days in coming away: in some women it lasts a week; in others not more than two or three days. Plethoric women are more liable to the first, and women of delicate health to the last, occurrence.

Whatever is capable of increasing the determination of blood to the vessels of the uterus, may increase the quantity of this secretion; and if this determination of blood is increased above a certain point, the orifices of the vessels give way, and blood is mixed with the secreted fluid: but if, in consequence of this determination of blood to the uterus, inflammation takes place, then coagulating lymph is thrown out, as from other in-

flamed mucous membranes, and the secretion is diminished till the lamina of coagulating lymph is separated.

From the definition above given of the menstruous fluid, it will be seen that it does not possess the coagulating part of the blood, and instances have occurred where the red colour has been wanting; but from the quantity of which, a woman has been obliged once in a month to take the ordinary precautions of a menstruating woman.

β. The Secretion from the Mucous Membrane of the Uterus, and of the Fallopian Tubes.

The uterus is lined throughout with a mucous membrane, which also is spread along the fallopian tubes. The secretion from this membrane is permanent, and continues during the whole of life, with the exception of the period of pregnancy. At this time the internal structure of the uterus undergoes a great change, and forms the outer membrane of the ovum, called the *Membrana Decidua* by Dr. William Hunter. This mu-

cus resembles, in consistence and appearance, the uncoagulated white of an egg, and does not differ from mucus in other parts of the body.* A very small quantity of this mucus is secreted; its use being simply to lubricate the sides of these passages, so as to prevent the cohesion of them; and for this purpose very little is sufficient. In the other passages which have external openings, the mucus is to be considered likewise as a defence against stimulating bodies which pass through and into them.

γ. The Secretion from the Glands in the Cervix of the Uterus.

The structure of the uterus itself is very simple. Its sides are muscular, and the muscular fibres are capable of great exertion; and it is principally owing to the contraction of these fibres that uterine hemorrhage in the impregnated state is restrained.

* According to the experiments of Mr. William Brande, mucus consists of albumen and soda.—See a paper in the Philosophical Transactions, on albumen and some other secreted fluids.

The structure of the cervix of the uterus is more complicated ; more nerves are sent to this than to any other part of the viscus ; on which account the dilatation of this part is attended with great pain in labour, and diseases affecting it are productive of great distress and suffering.

The cervix of the uterus is also beset with a number of glands. These glands are more readily discernible in women who have died pregnant ; and in some bodies they are probably much more numerous than in others.

The mucus secreted by these glands contains a smaller proportion of water than any other mucus in the body, approaching nearer to the nature of a solid than to that of a fluid body : it is semi-transparent, and possessed of a great degree of tenacity : it adheres to the fingers like bird-lime ; but the attraction of cohesion between its parts is so strong, that it may be generally drawn away entire from any body to which it has adhered. If the uterus of a pregnant woman is examined after death, this mucus may be drawn out

of the orifices of the glands which secrete it. —These glands, in a state of health, perform the office of secretion in pregnancy only; or, if at any other time, the matter secreted is of a very different kind, so resembling common mucus as not to be distinguished from it.

It is probable that the secretion of this viscid substance is confined to the commencement of the state of pregnancy; for if the body of a woman, in the third month of uterogestation, is examined after death, the quantity of mucus filling the cervix uteri will be found to be quite as considerable as at the close of pregnancy. The intention of this mucus has been supposed to be, to prevent the escape of the ovum in its early state; and that when it has answered this purpose, the secretion ceases; but it is probable that it has some other use, at present not understood.

It is known that the uterus prepares for the reception of the ovum, before the ovum reaches its cavity, by the formation of the de-

cidua: the cervix uteri also performs the secretion of this viscid substance immediately after impregnation has taken place.*

2. The Secretion from the inner Membrane of the Vagina.

This membrane presents a very large surface for secretion, which is constantly going on. The quantity of this secretion is liable to great alterations, from causes which will be hereafter enumerated. This mucus is thinner than that formed by the mucous membrane of the uterus; for the finger, when withdrawn from the vagina of a healthy woman, after an examination, is merely moistened with a fluid, evidently containing a much larger quantity of water than mucus generally, or that formed by the uterus, contains; for if, in a case of procidentia uteri, where

* Vide Medical Commentaries; and a paper, by Dr. Clarke, in vol. i. of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.—The parts referred to are preserved in the collection of Dr. Clarke and the author; and in the preparation both these facts are demonstrated.

from the extent of the disease the os uteri has become visible, the finger be applied to that opening, the mucus from it may be drawn out in thin filaments. The inner membrane of the vagina (the surface which secretes this mucus) is generally thrown into a vast number of folds, which do not follow any regular arrangement, like those within the cervix of the uterus. This corrugation of the membrane is greatest in the fœtus and in young children: in maiden women it is very considerable; but in married women, particularly in those who have borne many children, it is less observable. A number of muscular fibres surround the vagina; and by the action of these fibres the capacity of the vagina is diminished, and the number of the rugæ increased. By means of volition these fibres may be excited to a stronger action: but this is temporary, and continues only whilst the will is directed to produce this effect. A woman from whom one of the drawings of procidentia of the uterus was taken, had the uterus returned to its situation within the body, and was enabled to retain it for a short time in that position by the

exertion of her will ; but in a short time the tumour came down again, the mere tone or permanent contraction of the fibres being inadequate to produce the same effect.—The number of rugæ in the vagina is in proportion to the strength of the woman : for when this has been greatly diminished, the lining of the vagina becomes more and more smooth, by the rugæ being diminished in number ; till at last, in those cases, when from the effect of long diseases, or great age, the powers of the body are nearly exhausted, the rugæ are quite obliterated, making the inner part of the vagina perfectly smooth. If the body of a woman who has died of hemorrhage after a labour is examined, this will be evidently seen. The secretion from this membrane is least in quantity when the wrinkling is the greatest :—for example, it is very trifling in children and in maiden women ;* but is formed in the greatest quantity, and more frequently, in married women who have borne many children, whose vagina has

* *Virgines rarò hoc malum (fluor muliebris) infestat, frequentius adultiores.*—Sennertus, lib. 4. part. 2. sect. 2. cap. 12.

been most frequently dilated. In cases of great debility, from any cause, this discharge almost always attends; but as the system acquires strength the discharge diminishes, till it ceases altogether.*

If the vessels of the uterus and the vagina are injected by coloured wax thrown into the hypogastric arteries, several vessels of a considerable size may be seen running from the hypogastric arteries along the sides of the vagina towards the os externum; and partly by these vessels and partly by some branches of the pudica artery this secretion is performed. When the muscular fibres which surround the vagina contract, the small branches of these vessels will be pressed upon, and their diameter will be diminished: in consequence of this diminution of their diameter, the stream in them will be lessened, and less blood will be sent to the parts which they supply; but if the power of contraction in the muscular fibres surrounding the vagina be lessened or lost; then, no re-

* 'Ροος δε λευκος εν τησι γεραιτερησι των γυναικων μαλλον γινεται η εν τησι νεωτερησι.—(Ιπποκρ. περι γυναικειων, βιβλ. β.)

strait being laid upon the vessels, more blood rushes through them, their diameter being increased; and the parts, to which they go, will be supplied more plentifully. So likewise if the canal is very much dilated by any cause, this muscular band being put upon the stretch will be unable to act at all; and a like effect will be produced upon the blood-vessels which furnish fluids for secretion.

In moist countries and climates also, where it is to be expected that the tone of the body would be diminished, this discharge is found to be very common.*

3. *The Secretion from the Lacunæ seated in the Vestibulum.*

The term vestibulum has been given to that part of the passage leading to the ute-

* "In Holland, fluor albus is frequent, and in a manner peculiar to the place, from the dampness of its situation. I have attended more women labouring under fluor albus in autumn, than at any other season of the year, especially when the weather was extremely moist and cold. Most of them were cured by change of diet, increased perspiration, and the proper use of Peruvian bark and aromatics."
—Leake's Medical Instructions, vol. i.

rus which lies upon the outside of the hymen: beyond this membrane the canal is called the vagina.

Between the clitoris and the meatus urinaris are to be seen small openings, which pour out a glutinous mucus. Two other openings of the same kind are situated upon each side of the vestibulum, at about an equal distance from the fore and back part of the passage: these are large enough to admit the end of a bristle. There are also several little orifices very near to the carunculæ myrtiformes. All of these openings pour out a glutinous mucus which has a peculiar odour.

4. *The Secretion from the Mucous Membrane of the Urethra.*

The urethra is lined throughout with a mucous membrane which secretes a viscid mucus: this shields the membrane, and prevents the salts of the urine from stimulating it. If, however, the urine is rendered particularly acrid from substances taken into the stomach, or from improper actions going on

in the stomach, the mucous membrane may be irritated through this mucus by such increased acrimony ; which, though it may be equal to defending it from ordinary stimuli, may be incapable of protecting it from others which are stronger. This is the case also in other mucous membranes. Mucus secreted in diseased states of the bladder escapes occasionally in large quantity from the orifice of the meatus urinarius, so as to make the urine of a ropy consistence.

CHAPTER II.

Profluvium Vaginale, or Vaginal Discharge.

UNDER the above term it is proposed to comprehend those morbid discharges from the vagina which have been variously, and perhaps improperly, named by writers.

If a practitioner is capable of removing that assemblage of symptoms which attends a disease, it is very immaterial what name he gives to it, or whether he affixes any name to it at all. On the other hand, the adaptation of a proper name to a disease will not always lead to the successful treatment of it. For example, If a surgeon is called to a patient who, having been subject to giddiness, is attacked by a sudden privation of sense and the power of voluntary motion, whose pulse is full and slow, whose face is red, and whose breathing is stertorous; if he takes away a large quantity of blood, such a patient will be as much relieved as if the sur-

geon knew that the complaint was called apoplexy. And if a surgeon should be able to attribute certain symptoms to an aneurism of the aorta, the disease will be as much beyond the reach of remedy, as if no name was conferred upon it. Nevertheless, it is necessary for the purpose of description to designate every disease by some appellation; and great care should be taken that it should be an appropriate one, or at least that it should not mislead.

Hippocrates calls the morbid discharges from the vagina which are not menstruous “*γυναικεία λευκά.*”

Sydenham gives to these discharges the name of “*fluor muliebris.*” He considers the complaint to depend upon debility, and to be allied to diabetes, respecting which he observes: “*Curativæ indicationes ad sanguinem invigorandum corroborandumque.*” Then follow some prescriptions for medicines of a tonic and stimulating kind. After this he concludes by saying: “*Eâdem fere methodo atque iisdem remediis contumax iste, et diu-*

turnus affectus fluor muliebris sanatur ac diabetes modo dictus; nam utrobique indicationes curativæ eadem sunt quantumcunque inter se hi duo morbi dissidere videantur.” —Vide Epist: 1. de morb. epidemic. ab anno 1675 ad annum 1680.

Dr. Mead describes the disease under the name of “fluor albus:”—“Fœdus morbus est tetra ista colluvies quæ colore albo ex fœminarum naturalibus interdum profluit: hunc autem humorem modo profundunt canales uterini, modo ex glandulis quibus consita est vagina erumpit. In utrâque mali specie corporis habitus præcipue habenda est ratio: ab illius enim vitio tam hic quam iste morbus originem trahit: ubi autem in ipsâ vaginâ sedem fixit externa etiam opus sunt.”—Mead’s Monita et Præcepta, cap. 19. sect. 3. The mode of cure recommended consists of the exhibition of an emetic of Vin. Ipecac., of purgatives of rhubarb with occasional doses of mercury six times sublimed: and if the fibres are lax and require to be strengthened, steel is to be exhibited. Astringent injections are recommended by him to be

thrown into the vagina, which is also to be fumigated with a powder consisting of some gum resins and cinnabar of antimony.

Dr. Cullen treats of the disease under the title of *Leucorrhæa*:—"Every serous or puriform discharge from the vagina may be, and has been, comprehended under one or other of these appellations—*Leucorrhæa*, *fluor albus*, or *whites*. Such discharges may be various, and may proceed from various causes not yet well ascertained: but I confine myself here to treat of those discharges alone which may be presumed to proceed from the same vessels which in their natural state pour out the menses."...."As the *Leucorrhæa* generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured, by certain stimulant medicines, which are commonly determined to the urinary passages, and from the vicinity of these are often communicated to the uterus:—such for example are *cantharides*, *turpentine*, and other balsams of a stimulating nature."—Cullen's *Practice of Physic*.

By Dr. Denman, in his valuable Introduction to the Practice of Midwifery; and by Dr. Heberden, in his Commentaries, published after his death by his son; the disease is named *fluor albus*: and both have given very accurate descriptions of it.

“A mucous, ichorous, or sanious discharge from the vagina or uterus, is called *fluor albus*: these discharges are various in their degrees as in their kinds; from a simple increase of the natural mucus of the part, to that which is of the most acrimonious quality; but the first is not esteemed a disease, unless it is excessive in its degree. It is the most frequent complaint to which women are liable, and is by them suspected to be the cause of every disease which they may at the time suffer; but it is generally a symptom of some local disease, or a consequence of great debility of the constitution, though when profuse it becomes a cause of yet greater weakness.”—Dr. Denman’s Introduction to the Practice of Midwifery, chap. 3. sect. 6.

“*Humor iste, quanquam plerumque albus*

ut vulgo appellatur, et aquæ similis, interdum tamen glutinosus est, et coloris subflavi, itém subviridis et mali odoris, atque tam acris ut nisi partes in quas descendit sæpe eluantur levis inflammatio fiat cum prurigne et dolore: cuticula quoque deteratur, et urina reddi nequeat sine sensu pungentis caloris.” —Heberden’s Comment. cap. 41.

By la Motte, in his work entitled *Traité complet des Accouchemens*, the complaint is called “*Les fleurs blanches*.”

Dr. Hamilton, in his *Treatise on Female Complaints*, considers the disease under the head of “*Sexual Weakness* ;” and amongst women above the lower class of life in this country the discharge is called “*a weakness*.”

The most vulgar denominate the discharge “*the whites*.”

In reviewing these names, we shall find that they are all objectionable, with the exception of that employed by Sydenham,

“*fluor muliebris*,” which is as applicable to the menstruous discharge as to any other.

The term “a weakness” deserves particularly to be reprobated; because it may, and actually does, very often become the reason for prescribing tonic medicines, which may be most detrimental to the patient. Indeed, women often spontaneously have recourse to strengthening medicines and to food in many cases in which both are injurious.

The author has prefixed the expression “vaginal discharge” to this chapter; but he wishes it to be considered as a symptom, and not treated as a disease. The most simple definition of it appears to be, that it is a discharge of a fluid flowing from the vagina, varying in its consistence, quantity, and colour; either produced by weakness of the constitution, or by a change in the structure, position, or actions of the neighbouring parts, such change being the effect of natural or morbid causes.

It is very important to inquire into the cause of these discharges; by the knowledge of which, the judgement of the practitioner will be directed to the best mode of treatment.

If the discharge is the effect of weakness, and if by its continuance the original weakness is increased, tonics will be required. If it depends upon some tumour in the vagina, the removal or support of this will also remove the discharge. If it arises from inflammatory action, this must be removed before any endeavour to restrain it is employed; for as the discharge during its continuance lessens the violence of the disease which produced it, it should not be checked till such inflammatory action is diminished. Nothing can be more injurious under such circumstances, than the exhibition of tonics and stimulants, as cantharides, turpentine, and steel.

In many cases it is as injurious to restrain the discharge from the parts, as it would be to put an end to the natural salivation of a

teething child whilst the determination of blood to the head continues, or to heal an ulcerating surface in a constitution which has been long accustomed to it, without substituting some other secretion for it.

In many complaints of the female organs the patient is liable to discharges, and these are of different kinds: but all the varieties of discharge are not met with in one patient at the same time; since in one case the discharge is mucous, in another purulent, and in another watery.

The author hopes that some advantage will be gained by classing these diseases according to the peculiar nature of the discharge which accompanies them.—It must be allowed, that there are mixed cases, where the discharges vary from their usual appearance; moreover, a discharge of one kind will mark one stage of a disease, and a discharge of another kind a different stage. As happens in diseases in other parts of the body, one disease also is sometimes blended with another, and the discrimination of these modifications and irregularities con-

stitutes no small part of the skill of the practitioner.—A scirrhus tumour of the uterus may have been attended (for years perhaps) by an increased secretion of simple mucus; but upon this disease becoming active, by inflammation attacking the tumour, so as to convert it into cancer, the discharge becomes purulent and highly irritating. The period of this conversion is indicated by the alteration in the nature of the secretion.

In the cauliflower excrescence of the os uteri,* the discharge consists of little more than a clear watery fluid: blood, however, is sometimes mixed with it, or perhaps comes away alone in large quantities. Nevertheless, the discharge of blood forms no part of the peculiar character of this disease, but it is generally produced by violence or improper exertion.

The discharges from the vagina may be comprised under the following heads:

* See a paper by Dr. Clarke, in vol. iii. of the Transactions of a Society for the Promotion of Medical and Chirurgical Knowledge.

1. Transparent Mucous Discharge.
2. White Mucous Discharge.
3. Watery Discharge.
4. Purulent Discharge.
5. Sanguineous Discharge.

Transparent Mucous Discharge.

By transparent mucous discharge is meant that which is gelatinous, nearly transparent, and capable of being coagulated.

White Mucous Discharge.

The white mucous discharge is opaque, of a perfectly white colour; and it resembles, in consistence, a mixture of starch and water made without heat; or thin cream.

This discharge is easily washed from the finger after an examination; and it is capable of being diffused through water, rendering it turbid.—A morbid state of the glands in the cervix of the uterus probably gives rise to this discharge; at least, the cases in which it comes away are those in which the symptoms are referred to this part; and when pressure

is made upon it, the woman complains of considerable pain.

Purulent Discharge.

The term purulent discharge needs very little explanation, meaning simply that, in which the fluid resembles pus secreted by the surface of an ulcer.

*Watery Discharges.**

Under the head of watery discharges are comprehended those which resemble clear

* It is not intended under the present head to include involuntary discharges of urine, arising from paralysis of the neck of the bladder, or communications between the bladder and the vagina. The unfortunate subject of these accidents deserves every attention; and whatever can be suggested by the invention, or formed by mechanical means, for the purpose of adding to the comfort of the sufferer, should be employed. The cases just mentioned may not admit of cure; but much may be done in the way of alleviation. There will be no difficulty in distinguishing between urine and any other watery fluid, if a moderate degree of attention be given:—the smell itself will be in most cases sufficient to detect the difference: but where (as in some hysterical cases) the urine possesses little colour or odour, the nature of the fluid may be readily ascertained by some inquiries made of the patient respecting the commencement of the disease, the supposed cause, and the ac-

water, having no colour, and which contain very little glutinous matter ; sometimes none at all.

If the discharge of blood (the quantity of which is sometimes very great) be excepted, the watery discharge exceeds in quantity any other which these parts furnish. The linen of the patient will often appear as if drenched with water, and no care (so long as the disease continues which gives rise to it) will prevent the patient being rendered uncomfortable by it. By a steady perseverance in a proper plan, in one case of disease in which it arises, it may be much moderated; whilst in another,* no remedy will produce any effect upon it.

companying symptoms; especially whether, in addition to the constant discharge of a fluid, the patient is at any time enabled to retain much urine in the bladder: for in no case of palsy of the neck of the bladder, or destruction of the parts between its cavity and that of the vagina, can much urine be retained; and it generally runs off as fast as it is secreted.—Obvious as the diagnostics are, it has occurred to the author to witness an instance where the mistake was made, and it may often have happened.

* Hydatids of the uterus.

Sanguineous Discharge.

The sanguineous discharge is that of which blood forms the principal part, or perhaps the whole, of the matter evacuated.—The appearance of blood is too well known to be mistaken; but in proportion to the quantity evacuated, or the length of time which it takes up in escaping, will be its fluidity or form. When the quantity is considerable, when it escapes from large vessels, or is quickly forced out by the energy of the action of the heart and arteries, it comes away in a fluid state: when it escapes more slowly, and the exit of it is for a while retarded, being in a state of rest, it coagulates, assuming the figure of the parts in which it lies: where very little is poured out, not enough to form a stream, or a coagulum, of much thickness, it simply covers the surfaces over which it flows, and becoming solid, escapes from the external parts, either in the form of hollow casts of the cavities in which it has been retained; or sometimes, spreading itself over the surfaces of tumours, it comes away in the form of circles of coagulated blood. In

this latter case, the shape of these rings of blood escapes observation generally ; for being received upon the linen of the patient, by collapsing they lose their proper form : but if they are placed in water, or if they come away with the urine, they fall into the vessel which contains it, and demonstrate the manner of their formation.—By the action of the surrounding parts upon these coagula of blood, the serum is squeezed out of them ; and the coagula themselves, having acquired a greater firmness than usually belongs to coagulated blood, are sometimes regarded by patients as diseased tumours which had been formed in the parts. The coagulating lymph of the blood sometimes comes away unmixed with the colouring matter or the serum : this happens in inflammation of the mucous membrane of the vagina and uterus. Many cases of this kind are mistaken for abortions : since the substance discharged resembles decidua, both in colour and thickness ; and the pain which attends them makes the resemblance between the two cases greater. Periodical returns of the pain are met with in both occurrences. The dif-

ference between the two cases consists in this—The transparent membranes of the ovum will be wanting, if the case is not abortion; and in inflammation of the mucous membrane of the uterus and vagina, although there will be occasional pain in the attempts to expel the adventitious matter, there will remain a permanent pain, arising from the continuance of the morbid action of the parts, which will be wanting in abortion.

Of some diseases of the uterine system, the white mucous, and the watery discharge are pathognomonic symptoms; but the sanguineous belongs to none exclusively, being met with occasionally in most of them: in some it appears with more violence than in others: its quantity may not exceed a few drops; or it may be so profuse as to bring the life of the patient into immediate hazard.—It is unnecessary in this place to consider sanguineous discharges, because they will be described in the history of those diseases to which they belong.

An evacuation of blood from the uterus takes place in some cases of disordered menstruation, without any alteration of the structure of the parts.—These cases may perhaps be the subject of future consideration.

There are some diseases of the female organs which are unattended with any discharge from the vagina.—These will also be described at some future period.

Of all the discharges which come away from the vagina, those of mucus are the most frequent, as they are capable of being produced by several complaints of the parts: besides which, the mucous discharge is that which takes place frequently (in those women whose constitutions have been much weakened) from debility alone.

CHAPTER III.

General Observations on Sexual Diseases, and on the Necessity and Mode of making an Examination per Vaginem.

THERE are no diseases which excite in the mind of the patient a greater degree of anxiety and distress than those affecting the sexual organs, both male and female. The first appearances of disease are marked with attention, inquiries respecting them are made with earnestness, and their progress is watched with the most unremitting care. This is not only observable in persons of weak minds and fearful dispositions ; but in those who possess the strongest understandings, whose minds have been used to contemplate danger, and fortified by religion and morality.

So connected is the happiness of mankind with the well-being of these parts, and so diffused is the influence which these parts have upon the functions of others essential

to health, that it excites no surprise that the anxiety respecting them should be so great.

The diseases of these parts affect either the external or the internal organs, of which complaints the latter are by far the most numerous.

The existence of these diseases and their kind can only be known by an examination *per vaginam*: and this should be always proposed and performed, whenever there is reason to believe, from the symptoms, that they depend upon any local cause. If it should be found, upon examination, that no such local disease exists, the state of the constitution is to be inquired into, and remedies applied for its relief. If, on the other hand, it should appear that the parts are altered in structure or situation, such local remedies are to be used as will either cure or palliate.

It should also be recollected, that it is no inconsiderable comfort to a patient who be-

lieves herself to be affected by some fatal complaint, to be informed, after such examination, that no such complaint exists.

The human mind is prone to look upon the dark side of objects ; and for the sacrifice which on this occasion the woman makes of her feelings to her health, she often is amply compensated by the information acquired.

In making such examination, the person of the woman should on no account be exposed, and as much care as possible should be taken to avoid giving pain.—Even when, as in the case of a tumour in the parts, it becomes desirable to know whether that tumour is sensible, this should be ascertained with the greatest tenderness. The finger should be covered with some unctuous substance, in order to avoid giving any unnecessary uneasiness. After the examination has been made, the finger is to be wiped upon a clean napkin, which will shew what is the nature of the discharge.

It is notorious that many practitioners prescribe for complaints of these organs, from a mere history of the symptoms given by the patient. It is quite impossible in many complaints to depend upon such descriptions ; and daily experience demonstrates the futility, and in some cases the injury, arising to patients from medicines prescribed upon such vague information.

From the general disinclination of practitioners to make an examination, arises in part their want of success in the treatment of these complaints ; and from this omission proceeds the dislike which many patients have to an examination being made by a second practitioner, when it had not been proposed by the first. In considering the complaints of these organs, it does not appear that they are more easily discovered than those in other situations. They require as much and as attentive investigation ; they are not less numerous, or more simple, than those of other parts ; and by conjecture truth is not likely to be elicited.

But let it be granted that they are simple. Is it not customary in other instances to pay a nice attention to simple complaints? Is it usual to prescribe for a sore throat, without looking at the fauces? If a patient has a purulent discharge from the anus, it is the business of a surgeon to examine whether fistula be present. If a man advanced in life has a mucous discharge from the urethra, the practitioner would suspect disease of the prostate gland, and would not be satisfied without making the necessary examination. These instances need not be multiplied. If all this be so, it is equally right for the practitioner to examine a female patient, whenever he believes that disease is present.

But the nature of his other avocations may not lead him very often to meet with uterine diseases; and he may be too little acquainted with the state of the parts to draw any just conclusions from this investigation. If this is an excuse for not making the examination himself, he should take care that this very necessary duty should be perform-

ed by another who is competent, and accustomed to make it, and who possesses ability to describe with accuracy what has been found on examination.

CHAPTER IV.

ON SYMPATHIES.

BETWEEN different parts of the body sympathies of various kinds exist; some of which are indicative of healthy actions, and others of morbid changes. On the subject of these sympathies every practitioner should be informed, as the knowledge of them is involved in almost every case respecting which a surgeon or physician may be consulted.

Among the most common of the healthy sympathies may be mentioned that between the testicle and the organs of voice in the male; that between the uterus and the stomach, and between the uterus and the breasts, in the female; and that between the skin and the internal cavities in both sexes.

The morbid sympathies are very numerous.—By morbid sympathy is meant that consent between one part of the body and another, which arises in consequence of a

part having undergone some alteration in structure or actions, which excites sympathy in another.

Morbid sympathy is found to exist between those parts affected by the sympathies of health; but it is also met with in parts between which, in health, there is no evidence of sympathy at all. For instance; a pain in the shoulder attends a diseased state of the liver: but no one, whilst the liver is in a healthy state, and performing its natural functions, would be led to think that any such sympathy between these parts existed.

Morbid sympathy may be divided into the single or simple sympathy, the compound, and the reciprocal.—Of the single or simple sympathy, many examples present themselves: that between the liver and the shoulder has been mentioned above.

When the functions of the stomach are disordered, and sometimes when only in a very trifling degree, the breasts become softer and more flaccid, and the gland itself

seems altogether gone ; and this too when the tone of the system generally is not much diminished, nor the size of the other parts at all shrunk. In this case, the return of the firmness and size of the gland becomes the strongest mark of the returning health of the stomach.

An exception to the above statement, respecting the sympathy between the stomach and the breasts, is observable in pregnancy ; in which state, notwithstanding the functions of the stomach are greatly deranged, the breasts continue firm and hemispherical, and become even harder and larger than at other times ; but this is to be regarded in another way, and is part of a process for the maintenance of the child to be born.

When the lower part of the intestinal canal is irritated by ascarides, there is frequently an itching of the nose.

The whole constitution appears in some cases to sympathize with a part, since in large external and particularly in internal

inflammations a shivering fit sometimes comes on.

But it is to be observed, that these sympathies are single, and not mutual; for when the nostrils are irritated by polypus, or inflammation of the membrane which lines them, no increased irritability of the anus is excited, neither is any uneasiness in the region of the liver produced when the shoulder is affected by disease.

There are some sympathies which are reciprocal; that is, when the parts mutually sympathize with each other.

In certain affections of the brain, there is sickness of the stomach; and in a disordered state of the stomach, pain is felt in the head.

If a man receives a blow upon the testicles, sickness of the stomach comes on: on the other hand, when the functions of the stomach are deranged, the passions connected with and dependant upon the testicles are dormant.

There are other cases in which the sympathies are of a compound nature; as where a diseased uterus produces sickness of the stomach, and the latter organ being disordered, pain in the head comes on: here the sympathy is not direct between the uterus and the head, but the head is affected through the medium of the stomach; for the same disease not being attended by any complaint of the stomach, the head does not suffer. A lady between fifty and sixty years of age was attacked with pain in the back and at the bottom of the belly, attended by a purulent discharge from the vagina: there was nausea and vomiting, spasmodic pains were referred to the epigastric region, and there was pain over the anterior part of the head. An examination being made, the uterus was found extremely sensible to the touch, but it was not enlarged; at least no enlargement could be ascertained by examination: recourse was had to the hip bath and other remedies, and at the end of a few days the pain in the back and belly ceased, the sickness went off, and the patient was no longer troubled by head-ache. At various times

since the first attack, this patient has been liable to the same symptoms, which have come on in the same order of succession; and they have yielded to the same means. The uterus appears to be a very fertile source of sympathy, and many symptoms referred to other parts arise from it. On this subject Sennertus has the following passage: “Habet præterea hæc pars cum multis aliis partibus consensum, unde varii morbi et symptomata varia excitari possunt.”

The influence of the uterus upon the stomach is one of the most remarkable of all the sympathetic affections between this organ and any other. “Uteri affectus fere omnes ventriculo nocent.” Heberden. *Commentaria de Historiâ Morborum*, cap. 97.

In cancer of the uterus, the stomach is always more or less affected with vomiting. When the uterus has been ruptured, vomiting comes on; and the matter rejected is of a black colour, resembling coffee-grounds.

In amenorrhœa, the symptoms which belong to the stomach constitute a very important part of the disease.

In dysmenorrhœa, or painful menstruation, sickness and vomiting are present during the acute stage, and the effects of impaired digestion or disease of the chylopoietic viscera distress the woman in the intervals between the periods of menstruation.

The bladder and the rectum sympathize with the uterus; and hence strangury and tenesmus attend many of its complaints, as well as the process of labour. Frequently, however, these symptoms are produced by mechanical causes, as by tumours of the uterus pressing upon the rectum or the meatus urinarius. It is highly important to investigate these cases fully, as from the relative situation of these parts, and the existence of sympathy between them, mistakes may otherwise take place.

A tumour attached to the posterior part of the uterus may so compress the rectum be-

tween the os sacrum and itself, as to allow the fæces to pass with great difficulty, or to obstruct the passage of them entirely, unless when they are of a very small size. This has led practitioners often to suspect stricture of the rectum; and upon carrying the finger into the rectum, this suspicion is confirmed: not only the size of the fæces passing through the sphincter ani is rendered much smaller, but a resistance is offered to the passage of the finger.

A pain in the back is present in many diseases of the uterus; arising perhaps partly from sympathy, and partly from the origin of the sacral nerves.*

Pain in the lower extremities attends some uterine affections: previously to the appearance of the menses, and before the coming on

* At the moment at which the author is writing this, he has a patient who has been taking medicines for a considerable time, under a supposition that she laboured under stone in the bladder.—She has a tumour projecting from the anterior part of the cervix of the uterus, upon which all her symptoms depend; and there is every reason to believe that the bladder is perfectly healthy.

of each period of menstruation, it is experienced by many women. It has been observed as a precursor of puerperal mania.— This pain in the legs is very different from cramp in the lower extremities, produced by pressure upon the sciatic nerve of one or both sides; and it takes place in cases where no such pressure is, or can be made.

The abdominal muscles sympathize with the uterus; but not unless the muscular fibres of the uterus are in a state of contraction. If there is any substance to be expelled from the cavity of the uterus, the abdominal muscles lend their assistance in expelling it; as when an ovum, a bunch of hydatids, or a polypus, are protruded through the cervix of the uterus. The abdominal muscles assist also in expelling the contents of the stomach, the intestines, and the bladder.

The diaphragm is apt to be affected in some diseases of the uterus, so that the patient becomes subject to hiccough.

The mind also sympathizes with the uterus. This it does almost always when the stomach is affected by disease: but this is to be considered as one of the compound sympathies: for both in men and in women, when the digestive organs are disordered, the faculties of the mind are apt to be enervated; and occasionally to so great a degree, as to incapacitate the patient for attending to common business, or for enjoying the ordinary pleasures of life.

But besides this affection of the mind, induced through the medium of the stomach, many cases are found where the connexion subsisting between the uterus and the brain appears to be more direct: as in *furor uterinus*, puerperal convulsions, and in those cases of madness which succeed parturition, when there is little of bodily disorder. This connexion between the uterus and the sensorium may account for the greater number of instances of madness which occur in females than in males; it appearing that the number of women, compared with that of men, affected by madness in this country, is

in the proportion of five of the former to four of the latter.*

The same author observes, "The natural processes of menstruation, parturition, and preparing nutriment for the infant, together with the diseases to which they are subject at these periods, and which are frequently remote causes of insanity, may perhaps serve to explain their greater disposition to this malady."—"That the peculiar states of the uterus have frequently a share in producing madness, appears from the fact, that between the years 1784 and 1794 eighty patients were admitted into Bethlem Hospital, whose disorders followed shortly the puerperal state. It is also to be remarked, that in this species of madness, the secretion of the menstruous discharge is interrupted, but its regular flow generally precedes recovery; and that some cases are met with, when the madness is connected with the menstruation, and has lasted for years, in which, upon the cessation of the

* See Haslam's Observations on Madness and Melancholy.

uterine discharge, the patient has completely recovered."

The inferences to be deduced from these facts are; that the functions of the uterus being duly performed, the mind is very little apt to be affected: that a disordered state of the reasoning faculty is attended by an interruption to the performance of these functions: that a parturient state of the uterus is a frequent cause of madness: and that, lastly, when the functions of the uterus are at an end, when it no longer secretes menstruous fluid, and when consequently it is no longer capable of being impregnated, the disposition to mental disease generally terminates.*

The mind sympathizes with the uterus in different degrees; from the case of the slight-

* The author has kept no exact register of the number of patients whom he has seen labouring under puerperal mania: but his recollection furnishes him with nearly as many cases of this disease in single as in married women; notwithstanding the proportion of single women who fall into labour, compared with those who are married, is very small.

est hysterical affection, to absolute madness. Great despondency, dread of the future, ungrounded apprehension of some great misfortune, are to be looked upon as states of mind frequently originating in uterine disease. The last-mentioned mental symptoms seem most frequently to attend those cases in which there is a languor in the uterine system; whereas the more violent kinds of mania attend those cases where the uterine system is highly excited. This, however, is by no means universal: but the author's experience does not furnish him with a single case of violent madness connected with amenorrhœa attended by debility; whereas those accompanied with dread and melancholy are exceedingly common. These states of mind form by far the most distressing part of the disease; and there are few patients who would not exchange these feelings for bodily suffering, if they could choose between them.

There is a sufficient evidence of a disordered state of mind in many uterine affections in the gestures of the patient, which are hurried; the patient is almost constantly

in motion. There is a restlessness of manner, a hesitation in her speech ; sometimes a remarkable solicitude in her mode of interrogating the practitioner. She prefers solitude to society ; although when her mind is fully engaged in the latter, she becomes less restless and disturbed.

CHAPTER V.

On certain Diseases attended by a Mucous Discharge from the Vagina.

SOME of these complaints consist of the displacement of parts ; as

Procidentia Uteri.

Procidentia Vesicæ.

Procidentia Vaginæ.

Inversio Uteri.

PROCIDENTIA UTERI.

The nature of this disease may be understood from the name given to it : it has also been called ὑστεροπτωσις, Prolapsus Uteri, and Descensus Uteri ; the latter term being used to express the minor degrees of the disease, the former that in which the uterus has fallen out of the body through the external parts. By women the disease is called “ a falling of the womb,” or simply “ a bearing down.”

In the healthy unimpregnated state of these parts, the uterus is situated nearly in the centre of the cavity of the pelvis, the distance of the os uteri from the os externum being about four inches. The os uteri is not a continuation of the same line with the vagina, but it terminates in the vagina by projecting into it, the outer surface of this projection being covered by a portion of the inner membrane of the vagina tightly spread over it. In the generality of subjects the distance from the opening of the os uteri, to the part where the inner membrane of the vagina begins to be reflected over it, may be nearly an inch. This distance will of course be increased in procidentia uteri, the angle of reflection being made nearer to the os externum.*

Every degree of procidentia uteri may be

* In the most trifling case of procidentia uteri there must be some inversion of the vagina, and the degree depends upon the extent to which the procidentia uteri has proceeded.—“*Nam in descensu quoque vagina tantum se invertat quantum uterus descendit.*”—Morgagni de Sedibus et Causis Morborum, Epist. xlv.

met with; from that case in which the os uteri descends a little lower than its natural situation, to that in which the uterus projects through the external parts, dragging with it the vagina, and forming a large tumour between the thighs of the woman, equal in size to a large melon. This will cause an alteration in the relative situation of the parts within the pelvis and of the abdominal viscera, both regarding each other and also the containing parts, as the parietes of the abdomen, and the bones of the pelvis. The bladder, instead of being contained in the pelvis, falls down into the external tumour, dragging with it the meatus urinarius; so that in order to introduce a catheter into the bladder, the point of the instrument must be turned towards the knees of the woman; for, being placed in the usual manner in which that instrument is introduced, it will enter the passage, but cannot be made to pass into the bladder in that direction.

The rectum, instead of taking the sweep of the sacrum, first dips down into the posterior part of the tumour, and afterwards ascends

into the pelvis. The fallopian tubes and ovaria will of course be dragged down with the uterus, and the centre of the tumour will be filled up by the small intestines which hang down into it (the mesentery being stretched); whilst the omentum will occupy any vacant space which may be left.

Many months or even years may elapse whilst the uterus is making this descent; for when the uterus has descended so far that it can rest upon the perinæum, there it not infrequently remains, resting upon it as upon a shelf, the violence of the symptoms abating; for the parts which suspend the uterus above, although much lengthened, are no longer put upon the stretch.

The number and violence of the symptoms are by no means proportioned to the degree of the descent of the uterus; for when it has descended but little, the round ligaments are put upon the stretch, and the symptoms also which depend upon sympathy attend the minor cases of the complaint.

When the tumour is external, much inconvenience is felt by the woman in consequence of the situation of it between the thighs, which obliges her to straddle, in order to prevent pressure upon it. The external surface of the tumour presents a nearly equal surface; for as the uterus descends, the rugæ of the vagina are obliterated, except where the upper part of the tumour is joined to the body; and even here they are lost, when the bladder contains much urine; but in proportion as it empties itself, the rugæ begin to form again.

When the tumour becomes very large, the skin of the labia is drawn down, so that these parts are no longer distinct projections; but the tumour begins close to the upper part of the thighs, being covered by the cuticle of the labia, and the greater part by the membrane which, under natural circumstances, lines the vagina.

The vagina, being exposed to the action of the air upon it, loses its florid colour, and acquires that of the skin of the body. It

also loses its peculiar sexual irritability ; not indeed becoming insensible to pressure, but its sensations being by no means so acute as they are in the natural state. The anterior part of the abdomen, instead of possessing its usual convexity, becomes flatter, from the viscera of the abdomen having left its cavity. When the uterus and its appendages only have fallen out of the external parts, but before the other viscera have fallen into the inverted vagina, the tumour has a lengthened form, which, taken together with its situation and the opening at the lower part, has made it sufficiently resemble the male organ to impose upon the credulous ; and such persons have been exhibited as hermaphrodites. The difference between this disease and the male organ is too obvious to be mistaken by any one who will pay attention to it. The long diameter of the opening of the urethra in the latter is from before to behind ; whereas that of the os uteri in females is from side to side ; and this alone is enough to mark the difference. After some time the breadth of the tumour increases, so that it becomes of a globular

form. The situation of the viscera being thus changed, they become liable to pressure in a greater degree than when they maintained their natural situation in the cavity of the abdomen; and inflammation is sometimes the effect of this pressure. Coagulating lymph is in such cases thrown out, which unites the parts; and if either the omentum, or a portion of intestine, be thus connected with the lower part of the tumour, pain may and will be felt in those situations of the belly from which such parts proceed. In the young woman from whom one of the drawings was taken,* where the omentum adhered to the fundus of the uterus, pain was felt in the region of the stomach, and became a cause of great distress.

The immediate causes of this disease are :

1. Relaxation of the broad and round ligaments above.
2. A want of due tone in the vagina below.

By the first, the uterus is permitted to

* Vide Plate.

fall; by the second, the uterus is allowed to be received into its cavity.

Whatever is capable of producing a lengthened state of the ligaments, or a relaxed state of the vagina, may become the occasional cause of the complaint.

Weakness of the system may be looked upon as a cause of this complaint; and therefore after long diseases, which have diminished the patient's strength, it is occasionally met with. Profuse hemorrhages taking place from any part of the body may act in the same way.

But the most common cause of procidentia uteri is the long continued erect posture of the body at an early period after delivery, and in some cases after abortion. To this cause the majority of the cases is to be attributed: for at this time not only the immediate causes of the disease are present, but the uterus weighs eight or ten times more than an unimpregnated uterus, and it is carried down by its own weight. The

long confinement of a patient to a warm bed after delivery may be productive of considerable debility ; but sitting up in the erect posture is more injurious. The use of the chair is now very much laid aside, and the best practitioners direct their patients to remain in the recumbent posture upon a sofa, or on the outside of the bed : the advantages of a horizontal posture and coolness are thus combined. This posture should be observed until the uterus has nearly regained its unimpregnated size, which will be between the third and fourth week after delivery, at which time it may be presumed that the ligaments and the vagina have acquired their former strength. In this place a question may arise : What becomes of women in the lower ranks of life, who have not the means of giving up this time to the recovery of their local strength ? These women are liable to this complaint, and suffer from its effects very frequently. Because they are not generally found to complain, it is not to be supposed that they have not cause for complaint ; nor, because they are not seen confined to a bed, is it to be thought that there

is no necessity for confinement. They are often great sufferers; but their sufferings are frequently unknown, and their humble station often precludes them from obtaining relief. Women liable to violent coughs during the time of their confinement after childbirth are especially the subjects of procidentia, from the pressure made by the abdominal viscera upon the uterus in the occasional strong action of the diaphragm and the abdominal muscles, when the vagina can afford no resistance.

SYMPTOMS.

These arise partly from the effects produced upon the circumjacent parts by the change in the situation of the uterus, and partly from sympathy.

It may be a matter of surprise, that a very trifling change in the situation of the uterus should produce those inconveniences which attend some of the cases of this disease; but this surprise will be lessened by the recollection, that in other parts of the

body, any derangement of the natural order or structure occasions much distress. A small tumour upon the inside of the eyelid will cause great pain, and produce a plentiful effusion of tears ; a trifling obstruction in the lacrymal duct will be attended with a constantly weeping eye ; a polypus of the nostrils will occasion suffocation, interfere with the power of smelling and swallowing, and produce a considerable discharge of mucus ; one tooth projecting beyond the rest will irritate the cheek, and sometimes render the speech inarticulate ; and a relaxed or elongated uvula will sometimes produce a permanent sensation of choking.

At the commencement of this ailment the woman complains of pain in the back, and this symptom sometimes continues for a great length of time without any other : pain is also felt in the groins, extending towards and terminating in the labia : there is a sense of fulness in the parts, and an increased discharge of transparent mucus from the vagina. As the disease proceeds, the pain in the back is described as the pain of dragging : the

patient now has a sense of bearing down, or of weight; feeling, as she expresses it, as if every thing was dropping through her. The discharge increases in quantity. The pain in the groins arises probably from the round ligaments being stretched, and that in the back perhaps from an elongation of the parts connecting the uterus behind. As soon as the erect posture is changed for the recumbent position, these symptoms go off.

Strangury, although not a constant attendant, sometimes is present, and annoys the patient until the procidentia is cured.—A lady, whose constitution was weak, and who had borne several children, was attacked by pain in the groins; she had a discharge of mucus from the vagina, and was affected by a frequent desire to make water, voiding very little at each attempt. She had employed poppy fomentations and opium, and had taken some oily purgatives, without experiencing the least good effect. Upon further inquiry it appeared, that the pain in the groins left the patient at bedtime, and that at the same time the frequent inclination to

make water went off. This led to an examination of the parts, by which a procidentia uteri was discovered. The whole plan of treatment was now changed. She used an astringent injection, took some cinchona with sulphuric acid, and confined herself to the sofa. By pursuing these means, the strangury and all the other symptoms left her as her strength was restored, without the use of any mechanical means.

The pain in the back which attends procidentia of the uterus, should be distinguished from that which is met with in cases of separation of the joint between the os ilium and the os sacrum, after some cases of labour. It has been remarked, that the pain in the back arising from procidentia is greatest when the patient is erect, and that it subsides in the horizontal posture. In the case of separation of the joints alluded to, the patient has a great difficulty in standing, or perhaps cannot stand at all, is uneasy even in the recumbent posture, and incapable of moving in bed without great pain.

Procidentia uteri and separation between the bones of the pelvis may exist together in the same patient, as is exemplified in the following case.

A young lady was delivered of her first child after a very good labour, which was very well managed by a sensible practitioner. The child was large. Being well after her labour, she sat up, walked about early, and considered herself remarkably well. She soon, however, became subject to a pain in the back and groins, uneasiness in the region of the stomach, and her digestion was impaired. She was very hysterical, and never free from a mucous discharge from the vagina. By the use of a pessary and an astringent injection, and the employment of some bitter tonic medicines, these symptoms diminished, and the sea-bath completed the cure. She fell with child again in a few months, and was delivered of twins. During and after this labour, there was a considerable discharge of blood; but in other respects she was well. At the end of a fortnight she found herself incapable of standing, and all the

symptoms returned as after her former labour. By the use of the means above mentioned, the fresh-water bath being used (from necessity) instead of the sea-bath, the symptoms all left her, excepting the pain in the back, and the incapability of standing for half a minute unless supported on each side. Whenever she made the attempt to stand, she placed her hands upon the sides of her hips. This led the author to make a firm pressure there with his own hands; and as long as this was firmly applied, she could stand, but as soon as this support was withdrawn she was in danger of falling. Upon this information being gained, a leathern belt was made, of about the breadth of an inch and a half, or somewhat more, which was applied round the pelvis as tight as it could be borne without producing pain. The comfort arising from this belt was felt immediately; and by the permanent use of the bandage the complaint was cured, but some time elapsed before she completely recovered.

In procidentia uteri, the symptoms arising from the sympathy between the stomach and the uterus are very distressing. The appe-

tite becomes irregular, or is totally lost; the stomach and bowels lose their tone, and there is a great sense of distention in the belly arising from air, which may be heard when moving from one part to another; the spirits flag; every employment becomes irksome, and life itself is considered as scarcely desirable. The diaphragm is sometimes affected by spasm, and hiccough is produced.

The quantity of the discharge from the vagina varies; in some cases being very profuse, in others slight. The appetite being diminished, the digestion impaired, and the secretion from the parts being greatly increased, considerable weakness of the system is produced, and the vessels of the uterus, partaking of the general debility of the frame, permit blood as well as menstruous fluid to escape from their cavities: so that the patient may at the same moment labour under two diseases, one being the effect of the other; viz. menorrhagia and procidentia uteri; the former not admitting of relief by the usual means, unless attention be paid to the latter.

When the uterus has fallen out of the body, so as to become an external tumour covered by the vagina, the surface of the tumour (*i. e.* the membrane of the vagina) ceases to secrete, although it did so before in very considerable quantity, whilst the tumour was contained within the os externum. This circumstance will account for a fact observable in the disease, viz. that those cases of descent of the uterus in which the tumour is not external, are attended with a much greater degree of bodily weakness than when the tumour is external; in which latter case, all that strength is saved to the woman, which would have been expended if the tumour had continued in the body. But if the parts are returned to their natural situation, if that which is the covering of an external tumour is converted into the lining of an internal cavity, the mucous membrane of the vagina begins again immediately to resume its functions.*

* This the author has frequently had an opportunity of demonstrating to some of the pupils attending the lectures, in the person of a poor woman labouring under an external prolapsus, who occasionally came to the lecture-room.

It seldom happens that the vagina remains long exposed to the action of the air, without ulceration taking place upon its surface. This ulceration does not attack the whole of the exposed surface at once ; but small spots or patches inflame and ulcerate, and these sometimes run into each other, but the whole surface is seldom covered by them. These ulcerations are generally not deep, and they have the appearance of healthy sores.

Whenever these ulcerations are met with, the os uteri seldom escapes being attacked by one of them.

Slight degrees of procidentia uteri can only be ascertained by great attention to the state of the parts, together with a knowledge of the common size and length of that part of the uterus which hangs down into the vagina.

There is then, in this disease, a tumour, either in the vagina, or hanging out of the external parts. But every tumour in these parts is not a prolapsed uterus. The mark

which always characterizes procidentia of the uterus, is the existence of the os uteri at the lower part of the tumour. This being wanting, the disease is proved not to be procidentia uteri.

If a woman labouring under this complaint observes a horizontal posture, she experiences none of the symptoms so long as this posture is continued, but they return in the erect posture; the cause of which is, that in the recumbent posture the uterus does not fall into the vagina, and therefore the parts above are no longer stretched, nor those below distended. Any examination made only whilst the patient is lying down, will, for this reason, give little information to the practitioner. She should be examined in the erect attitude also. By this means, if the disease is procidentia, the uterus is not only made to fall lower, but the degree of the disease is also ascertained.

CHAPTER VI.

Treatment of Procidentia Uteri.

IF nothing were done in the way of treatment for a patient labouring under this disease, she would become much distressed by all the symptoms which have been described: she might die from weakness, induced by the large discharges and the disordered state of the stomach; or she might die from inflammation taking place in the parts contained in the inverted vagina, which are more liable to pressure than when in their usual place, the cavity of the pelvis and abdomen. This really occurred in the young woman who died of an external procidentia in the workhouse at Kensington, and whose body was inspected by Mr. Thomson junior, and the author: coagulating lymph was thrown out, and the contents of the tumour were cemented together by means of it. There was also, as is usual in cases of peritonæal inflam-

mation, a considerable quantity of serous fluid in the cavity of the abdomen. Such fatal terminations are uncommon; it much more frequently happens, that the patient drags on an uncomfortable life for a number of years, till she is destroyed by accident, or by some other disease.

Few cases admit of relief more readily than procidentia uteri in the early stages of it, and the remedies should be applied as soon as the disease is discovered; for the size of the support which is to sustain the uterus must be in proportion to the degree of dilatation of the vagina. If a woman having this disease should again become pregnant, and will consent, after her labour, to a confinement for some weeks in a horizontal posture, the parts may regain their tone, so as to render any artificial assistance unnecessary: but as the woman may not again be pregnant, and as, if she should, her patience may not hold out during the length of time necessary for the natural cure of the disease, the next subject of inquiry will be into the mode by which the complaint may be cured by art.

It has been already remarked, that in this complaint the vagina and the ligaments which suspend the uterus have had their tone diminished or destroyed, in consequence of which the uterus has fallen lower than its natural situation. From this view of the case, the curative intentions appear to be, to increase the strength of the parts which are weak, and to afford a support to the tumour, the descent of which produces the symptoms. In every case, these two objects are never to be lost sight of; but as in many cases the powers of the constitution are weakened, and as we can give strength to particular parts by adding to that of the whole, those means usually employed to strengthen the constitution are not to be neglected.

The tone of the weakened parts is to be restored,

1. By the application of cold.
2. By the application of astringents.

Cold applied to the surface of the body produces an increase of the tone of the body,

or increases the permanent contraction of the moving fibres. Thus, after the immersion of the body in the cold bath the muscles will be found firmer and harder, and will adapt themselves more closely to the parts which they cover; the scrotum, although before relaxed, becomes shorter in consequence of the increased tone of the muscular fibres, and the skin is consequently thrown into folds or rugæ. Cold produces also the temporary contraction of muscular fibres. Applied suddenly to the body previously heated, it is known to produce contraction of the bladder, as may be instanced in people who come out of hot rooms and theatres: and this happens before the bladder is much distended; so that it is not the mere distention of the bladder which produces this effect, but simply the application of cold to the surface of the body.

Cold produces contraction of parts in the immediate neighbourhood of its application in a greater degree than in those at a distance. If the hand of a man be dipped in cold water, it will shrink in size, the skin of

it will become paler, and the vessels which ramify near the surface will be diminished in diameter, so as perhaps to be no longer visible, whilst the other hand will undergo no change. The application of cold to the outside of the head of a patient labouring under the effects of pressure upon the brain, will diminish these effects by taking off the pressure; and that it does so actually, is demonstrated by the vessels of the tunica conjunctiva becoming smaller in size, the face paler, and the pupil capable of contraction.

But the application of cold to a small part of the body, and this too at a distance, will sometimes cause a temporary strong action of parts, particularly of internal cavities: the immersion of the hands in cold water may occasion contraction of the bladder and the expulsion of its contents.

The application of ice to the neighbourhood of the uterus, *i. e.* to the back or belly, is useful in uterine hemorrhage, by producing the contraction of the uterus itself; and the

size of the uterus may be felt to diminish under the hand ; whereas the application of ice to a surface equally large at a distance, will not produce this effect at all, or not in the same degree.

Whatever produces an increased determination of blood to any part of the body, will occasion an increase of secretion from the neighbourhood of that part. If the surface of the body is kept warm, the skin becomes red, and the quantity of the perspiration is increased. If a larger quantity of blood is sent to the salivary glands by the exhibition of mercury, salivation in greater quantity follows : and innumerable other instances might be brought, demonstrating the same fact.

On the other hand, whatever diminishes the flow of blood to any part of the body, will produce a diminution of the secretion from the neighbourhood of that part. If the skin of the body is kept cold, the surface becomes pale, and a check is given to the perspiration : if the breasts of a woman are

kept cool, the quantity of milk will be greatly diminished.

Of the knowledge of these facts the practitioner is to avail himself in the treatment of the disease under consideration. It is desirable to increase the tone of the vagina, and so, by diminishing its diameter, to prevent the descent of the uterus: it is also important to lessen the quantity of the mucus secreted: 1st, because it becomes a cause of weakness; and, 2dly, because the passage of a warm gelatinous fluid over the parts will relax them still more.

The canal of the vagina is surrounded by a number of muscular fibres, capable of being made to contract by some applications or to relax by others, subject to the same laws by which muscular fibres in other parts are governed. When these muscular fibres contract with force, the rugæ of the vagina are greatly increased in number; when their tone is diminished or lost, the rugæ of the vagina are diminished in number. If the vagina of a woman in perfect health and vi-

gour be examined, the internal surface of it will be corrugated strongly ; but the reverse will happen in proportion as the woman becomes weak ; and therefore in some cases of extreme debility the vagina will be so much relaxed, as readily to admit the whole hand: the rugæ will be obliterated, the surface of the vagina will present no inequalities, but be perfectly smooth.

Cold substances applied to the vagina, or to the parts in the neighbourhood, will produce a contraction of the muscular fibres which surround it, a corrugation of the internal membrane, and a diminution of the diameter of the canal itself.

Cold applied to the vagina will produce contraction of the blood-vessels which are in its neighbourhood, and the secretion from it will be diminished. Women subject to a mucous discharge from the vagina are sometimes inclined to employ some addition of clothing, so as to absorb it, and to keep their persons comfortable ; although they remark at the same time, that if they have not

recourse to such additional clothing, the quantity of the discharge is diminished. The explanation of this is, that the action of the parts is increased by the addition of whatever tends to increase their warmth.

Further: It is to be observed, that cold not only produces a diminution of secretion, by causing an increased contraction of the blood-vessels, but also by throwing the vagina into folds; for in this state of the parts the blood-vessels which supply the lacunæ must run in a more tortuous direction, and a resistance must be offered in a greater degree to the flow of blood through them; and this is perhaps the reason why it will generally be found, that the quantity of the secretion from the membrane of the vagina will be proportionate to the number of rugæ within it, as was remarked in describing the discharges from these parts.

In procidentia uteri, cold water ought to be applied to the female parts, to the belly, and to the back, by means of a sponge, three or four times a day; and the water for this

purpose should be used as soon as it has been drawn from the spring. The water may be rendered still colder by the addition of some matter which is passing from a solid to a fluid state, as ice or salt. Cold water may also be thrown into the vagina by means of a syringe, or a piece of ice may be introduced into the vagina, and suffered to dissolve there. In very slight cases of the disease, when the symptoms are just beginning, and when they are known to proceed from the causes which have been mentioned, they will be removed by attention to these rules, assisted by the horizontal posture. Whenever it is found necessary to inject fluids into the vagina, and important that they should remain there for any time, the operation should be performed when the woman is in a recumbent position; and if a pillow is previously placed under the hips, in order to raise them a little, the fluid will be less likely to escape.

The syringe to be employed should be capable of holding as much fluid as will fill the vagina; it should be furnished with a curved

pipe, and the piston should play readily in the cylinder: this is a very material point, as the following case will shew.

A lady whilst throwing some injection into the vagina found that great force was necessary to make the fluid pass, and she incautiously applied it. Instead of pushing the piston lower in the cylinder, she pushed the point of the pipe violently against the anterior parts. Inflammation of the bladder came on, which extended to the peritonæum, and spread over great part of it; symptoms of the most alarming kind came on, and it was only by frequent bleedings, the use of diaphoretics, and a long confinement, that the disease was subdued.

There are two great defects in the construction of many of the syringes made for female use: one is, that they have one large hole, or so great a number of holes at the extremity, that the fluid passes out too quickly. The other defect is in the situation of those holes, which are frequently placed at the sides as well as at the point of the instrument, so

that the fluid escapes at the lateral holes, and little or none perhaps reaches the upper part of the vagina. But if the holes are all placed at the extremity of the pipe, the injection will be thrown to the upper part of the vagina, and will be sure of returning by the sides. In by far the greater number of cases the vagina will be found too much relaxed to have its tone restored by cold alone, and it will require the additional aid of astringents.

Astringent substances, applied to an animal solid, increase the force of the cohesion between the parts of it, or render it firmer.

The same substances applied to the living fibre increase its power of contraction, and thus a shortening of the fibre is produced. On these accounts they become very valuable applications in many cases of disease depending upon a laxity of muscular fibres. They often become the cause of the restriction of hemorrhage from small vessels, by producing a diminution of their cavities. Stimulants will produce the same ef-

fect, but are by no means so safe or so efficacious.

In procidentia of the uterus, astringent applications to the vagina become very serviceable, by diminishing its diameter, and thus rendering it less disposed to receive the displaced uterus; and also by restraining the mucous discharge.

The mineral and vegetable kingdom furnish a number of astringent substances, differing from each other much in power; and certainly not all equally applicable to every case.

Sulphate of zinc.—This substance is more useful in cases of relaxation of the orifices of mucous glands, than where tone is required to be given to muscular fibres, as in the case of procidentia: for in order to this latter effect a very strong solution of it must be employed, and this will be apt to irritate the membrane of the vagina:—few persons can continue to apply it long on this account.

The same observations apply to the compound of silver and nitric acid, and of copper and sulphuric acid.

The superacetate of lead does not possess much power in contracting the vagina; and few cases of this disease will be benefited by its use, unless where inflammation has attacked the vagina.

Solutions of alum will be found to be a much more powerful remedy; and even when very strong, they are little apt to irritate the mucous membrane. It has been the custom, from the earliest ages of medicine, to make a combination of those medicines, which fulfil the same intentions; and experience confirms the propriety of the practice. It may reasonably be supposed, that a part not liable to be acted upon by one substance may be acted upon by another of the same class: thus one patient will be purged by senna, another by jalap, and another by salts, and either of them may be more active with one patient than the other two; but a more certain effect will be

produced by a combination of the three medicines than by any of them singly, or even by two of them.

This fact is not confined to medicines for internal use, since we find that an indolent ulcer will sometimes be more benefited by one stimulating applicatio than by another, and that a combination of stimulating substances will sometimes agree better than any one applied singly.

A mixture of alum and sulphate of zinc in such proportions as the nature of the case may seem to require, will sometimes fulfil the intentions of the practitioner better than either employed alone ; and so of all the other mineral astringents which have been in use. The varieties in the shades of disease require a variety in the remedies employed ; and this must be left to the skill and the judgment of the practitioner, who must accommodate his measures to the peculiarities of each case ; and who, if he expects to find all cases alike, will be much disappointed when he is called upon to treat them. In the last Pharmacopœia

published by the London College of Physicians, there is a formula for a solution of sulphate of zinc and alum, under the title of *Liquor Aluminis Compositus*,* which however will require to be diluted with different proportions of water, so as to adapt it to different cases; for the irritability of the mucous membrane of the vagina varies in different women, as well as in the same woman at different periods of time. This may make it necessary to begin with the application of weak astringents, and to increase their strength gradually.

Amongst the vegetable astringents applicable to the case under consideration, may be reckoned *Thea viridis*, *Petala Rosæ rubræ*, *Cortex Quercus*, *Cortex Granati*, *Gallæ*.

The two former do not possess the same degree of astringency with the last-mention-

* *Liquor Aluminis Compositus*.

℞ *Aluminis*

Zinci sulphatis singulorum unciam dimidiam ;

Aquæ ferventis octarios duos :

Alumen et zinci sulphatem in aquâ simul liqua ; dein
per chartam cola.

ed substances. The three last possess a great degree of astringency. They give out their astringent properties to water more readily by boiling than by infusion, and therefore the decoctions of them are to be preferred : they may be used alone, or some of the mineral astringents may be dissolved in them. By these means are procured astringent fluids of such strength that the vagina may be so much contracted as even to render the introduction of the pipe of the female syringe difficult.

Astringent injections should be thrown into the parts twice or three times a-day, or oftener ; and they should be used cold.

In addition to the good effects produced upon the parts by the local application of astringents, the views of the practitioner may be forwarded by exhibiting tonics internally. Substances of this kind applied to the stomach have the effect of increasing the force of the contraction of parts at a distance, and therefore will prove useful in many cases of this disease. From the numerous class of

bitter tonics may be selected, according to the judgment of the practitioner, one or more which may be exhibited, such as gentiana, columba, quassia, anthemis, humulus; and the combination of two or more of these proves more useful than one only, and is besides more grateful to the stomach.*

* “ Bitter medicines which tend to strengthen the system, as far as my experience has gone, sit easier on the stomach, and tend more to strengthen the system when mixed together, than when any one of them is employed singly.”— See a paper, by the late Dr. George Fordyce, in the second volume of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.

The same observation had been made above a century before by the experienced Sydenham. Speaking of medicines for strengthening the stomach, he says:—“ Eorum species aliquot affabrè permistæ humoribus concoquendis rectiùs, ut mihi videtur, quàm simplex quodlibet ex eorum tribu desumptum. Quamlibet enim quoties specificâ medicamenti cujuslibet virtute opus est nobis, regula tenet, Quo simplicius eo, melius:—Tamen cùm id habemus propositi ut huic illive indicationi satisfaciendo ægrum sanemus, singula ingredientia symbolum pro morbo curando quasi conferunt. Atque in hoc casu, quanto major est simplicium numerus, tanto potentiùs medicamentum operabitur.—E prædictis itaque et reliquâ ejusdem farinæ materiâ medicâ, variæ remedium formulæ ad hunc scopum tendentes concinnari possunt.”

A combination of a bitter and an astringent may be more useful than a bitter medicine given alone. The sulphuric acid may be exhibited in any of the bitter infusions ; but as the cinchona contains both of these principles in a great degree, it is perhaps to be preferred to any other medicine : this too may be advantageously combined with the sulphuric acid.

It has been before remarked, that the stomach sympathizes with the uterus in this complaint ; and that all its functions will sometimes be impaired, and its tone greatly diminished. In cases where both the stomach and the general system are weakened, but in which the stomach has more than its proportion of weakness, the simple bitters will be found better fitted to the purpose of giving strength than the combinations of bitters and powerful astringents : it may indeed be judicious to combine these medicines with stimulants, in order to excite the stomach quickly to a more vigorous action. The spicy barks, the aromatic seeds, and volatile alkali, will be found well adapted to this purpose.

In all complaints it is highly important to have a well-regulated state of the stomach and bowels, but in none more than in this; for the two extremes of diarrhœa and costiveness will greatly retard the progress of the cure. The straining attendant upon tenesmus will act upon the uterus; and the endeavour to expel a costive stool has frequently displaced a pessary. The purgatives adapted to this case are those which increase the peristaltic motion of the intestines; such as rhubarb, or senna, to which some aromatic water or essential oil may be added, or a drachm or two of the compound tincture of rhubarb may be added to each dose of the bitter medicine.

Oily purgatives are apt to offend the stomach; those of a saline nature diminish the strength of the system, by lessening the quantity of circulating blood: and the resinous class of purgatives stimulate the lower part of the intestinal canal, and thereby increase the action of the vessels of the neighbouring parts. All these therefore are improper.

Mention has been already made of the application of cold to the parts concerned; but it yet remains to be stated, that the cold-bath is a valuable auxiliary in the cure of the disease. It increases the strength of the muscular fibres throughout the whole body, and greatly invigorates the system; but the same observation which was made respecting other tonics is no less applicable to cold-bathing; namely, that when the stomach is weakened more than any other part of the frame, the use of it will be detrimental to the patient. In like manner, when a patient labours under any inflammatory affection of the chest, the cold-bath should not be recommended on any account; although it should appear probable that the employment of it might be beneficial in the other complaints under which the patient labours.

Women whose strength has been much exhausted, should employ this remedy less frequently than those who are not so much debilitated, beginning with it twice a-week only, and at length using it daily. There certainly is a difference between the effects

of bathing in fresh and salt water in many complaints. It is also observable in this. Women who have used the fresh-water bath with little or no advantage, have derived great benefit from sea-bathing; but as the situation in life, or the convenience of every person, does not admit of a journey to the sea, it may not be amiss to mention a plan which the author has found in some measure to compensate for the want of a sea-bath. It is observed by persons who have used both salt- and fresh-water bathing, that after the former a glow diffuses itself all over the body, which glow is not felt after the latter. The shock applied to the constitution increases the strength of the action of the heart, and the stimulus of the salt upon the skin invites the blood to the surface. Let two pounds of salt be dissolved in a gallon of water; let some coarse towels be immersed in this water, and afterwards wrung out and dried. After bathing, let the patient be dried with these towels, using some friction at the same time. In this way a degree of warmth will be given to the body, which will be both useful and agreeable to the patient. A solution of sea salt

in water, employed as a shower-bath, is a good substitute for bathing in the sea.

In every case of procidentia much may be done by posture : the patient should lie as much as possible upon a bed or upon a sofa ; and a mattrass, as presenting a flatter surface, and being less likely to debilitate, is preferable to a bed of down or feathers. The rooms which the patient inhabits should be kept cool.

Great care should be taken to guard against every thing which may produce strong action of the abdominal muscles ; which, by pressing upon the parts contained in the abdomen or pelvis, may prolong the disease : besides, if a pessary is employed, it may be expelled or displaced by these efforts.

The diet of the patient should be nutritious, and a moderate quantity of wine may be allowed ; but the stomach and intestines should never be loaded, lest the weight in the pelvis should keep up the complaint. The bladder should never be suffered

to contain a large quantity of urine, for the same reason.

All flatulent food, all the wines of this country, (amongst which beer is included,) should be avoided, as being liable to undergo another fermentation in the body, and to inconvenience the patient by flatulency.

CHAPTER VII.

On the Mode of supporting the Uterus.

DIFFERENT modes have been employed, at various times, of supporting the weight of the uterus. Some of these possess advantages over the rest. The support intended for this purpose is called a pessary. Those in common use have been made of wax, cork, cork covered with wax, sponge, and wood. All the above-mentioned substances, except the last, are liable to some objections.

Wax being soft, and readily formed into any shape which may be required, would seem to be a very good material for a pessary; but in the heat of the body its shape becomes altered, and it no longer bears upon the parts on which it was intended that it should rest.

Cork, although from its lightness it seems well adapted for the purposes of a pessary,

is objectionable, from being porous and liable to imbibe the moisture of the parts ; from which circumstance it becomes offensive and irritating.

Pessaries have been made of cork covered with wax ; but they soon lose the wax, which either becomes soft and is rubbed off, or it peels off in flakes.

Sponge is the worst material which can be employed for pessaries ; for it is porous, and will very quickly imbibe the moisture of the parts. The piece of sponge must be large, compared with the size of the vagina, or it will be useless ; and if it is large, the vagina, (the dilated state of which was one of the causes of the disease,) will be still farther dilated : and although, whilst the sponge is worn, the uterus will rest upon it, and the symptoms may be relieved ; yet, when it is removed, the disease will return with double violence. It is a matter of surprise how such a substance could have been recommended for the purpose of curing the disease ; since in fistulous sores, where the object of a surgeon is

to increase the size of the opening by dilatation, this substance has been selected for the purpose.

A good pessary should combine firmness, lightness, and closeness of texture:—firmness, that it may not yield to pressure; lightness, that it may not incommode by weight; and closeness of texture, that it may not imbibe the secretions of the vagina.

Those made of box wood possess all these advantages; and this wood, not being scarce, can be easily procured.

Pessaries are made of various shapes as well as of different materials, adapted to different cases and circumstances. For the majority of cases, a circular or an oval pessary answers sufficiently well; but the circular pessary can only be safely used in those cases where the disease has not made great progress, and where the tone of the vagina is not much impaired: for if the canal of the vagina has been much dilated, no pessary of a small size can be sustained in it;

and one of a larger size, and of a circular form, might do mischief, by compressing the meatus urinarius and rectum, and so preventing the discharge of the fæces and urine.

It will seldom be safe to introduce a circular pessary the diameter of which exceeds two inches and a half: below this size there can be no impropriety in using it; for it is certainly less liable to be displaced than the oval pessary. The efficacy of a pessary depends upon the nice adaptation of its size to the state of the parts: the practitioner ought therefore particularly to attend to this. It should be large enough to keep the situation in which it is placed, else it will slip away; but it should not be so large as to distress the woman, or to injure the parts by its pressure.

If, after the first introduction of the instrument, it should be found that it is not adapted to the state and size of the parts, its size or form should be changed.

No instrument of this kind should measure

in thickness at its external edge less than one-third of an inch, lest it should injure the parts by its edge: it should become gradually thinner as it approaches the centre, in which there should be an oval opening large enough to hold the end of the forefinger of the surgeon, in order to enable him to place the instrument. A number of holes may be pierced through the instrument in different parts, by means of which it is rendered much lighter, and the secretions from the upper part of the vagina, as well menstruous as mucous, can more readily pass through it.—Whatever may be the shape of the instrument employed as a support, it should be removed occasionally for the purpose of cleaning it, lest the secretions of the parts should attach themselves to it, and by retention become acrimonious and irritating. Occasionally also the pessary should be changed for one of a smaller size. In consequence of omitting to withdraw the pessary, the surface of it has sometimes become coated with gritty matter, which has brought on irritation, inflammation, and ulceration of the neighbouring parts. Instances too

have occurred where parts of the instrument have been destroyed by a spontaneous change taking place in it, and angular portions of it have been left, which have produced similar bad effects.

A lady, seventy-five years of age, who had borne children, came under the care of the author, on account of considerable pain in the vagina, attended by a very offensive discharge: the pain was constant, and was compared to that produced by a sharp instrument. Thirty-five years before, she had a prolapsus uteri, for which a pessary had been introduced, and had never been removed. The author having reason to fear that some diseased structure existed, examined the patient, and found that the pessary had lost its original form, being corroded in several places, and that many irregular portions of it were left, which pressed upon the vagina, and had produced ulceration of its internal surface. This lady having, as she said, suffered exceedingly in the introduction of the instrument (because perhaps it was incautiously performed), would not consent to

its removal, particularly after some of her symptoms had been relieved by fomentations and injections.*

The pessary of an oval form is best adapted to those cases in which the tone of the vagina is so very much diminished as to make a large support necessary ; because in this case the oval pessary rests by its two extremities upon the sides of the vagina ; but lying with its long diameter applied to the short diameter of the lower aperture of the female pelvis, it neither interferes with the rectum nor with the urinary passage.

If the case should require it, an oval pessary may be used, of a size so large that it may measure three inches and three quarters

* Dr. Clarke related to the author a case to which he was called, in a woman advanced in life, who on account of similar symptoms had been examined by another practitioner, who found what he considered to be a schirrous tumour surrounding the os uteri. Dr. Clarke found that the supposed schirrous tumour was a cork pessary, introduced many years before, and rendered very rough by calculous matter deposited on its surface. It was withdrawn, and all the symptoms subsided in the course of a week.

in its long diameter, without any injury to the parts: and a case will scarcely occur, where the perinæum is not injured, and where the uterus has not descended out of the external parts, in which a pessary of this kind will not afford a sufficient support. There is however an objection to the use of this instrument; which is, that it is more likely to be displaced in the sexual intercourse than a circular pessary. It may be here remarked, that if the patient has not passed the child-bearing age, such intercourse should not be prohibited; for if the woman should become pregnant, the disease will be naturally cured after the fourth month, by the ascent of the uterus into the cavity of the abdomen.

*Mode of introducing the circular or oval
Pessary.*

The woman should be placed upon her left side, close to the edge of a bed, and her knees should be drawn up towards the abdomen: the practitioner is then (having previously examined the size of the vagina) to select a pessary, according to his judgment,

of a proper size. This instrument is then to be covered with some simple unctuous matter; and if its form is circular, it is to be placed between the labia, so that one edge will be turned towards the os pubis, and the other to the rectum: it is then to be moved in a circular direction on its own axis, pressing it at the same time towards the perinæum, till it has fairly entered the vagina. As the instrument passes the edge of the external parts, some little uneasiness is always felt by the woman; but this ceases as soon as it has reached the vagina, to the upper part of which it is to be carried; and it is to be so placed that the uterus may rest upon one of the broad surfaces of it. The instrument is now to be left in the vagina, and a syringe full of some cold astringent injection should be thrown into the parts, to give tone and contraction to the dilated os externum; as in cases where the vagina is very much relaxed, it may make a smaller pessary answer the purpose of support than would be required if no such means were resorted to. Whatever may be the shape of the pessary introduced, the woman should

continue for some minutes in the recumbent posture.

An oval pessary requires great care in the mode of introduction; and is either a very good or a very bad instrument, according as it is well or ill applied. In the choice of it, the present size of the vagina is to be first considered, with the diameter of which the long diameter of the instrument should correspond. The extremities of the instrument should not be too acutely pointed, lest they should injure the parts.

The instrument being covered with some unctuous substance, one end of it is to be placed between the labia, with the short diameter running from before to behind; and in this direction it is to be carried up into the vagina. The practitioner is then to insert the point of his forefinger into the opening in the centre of the instrument, and to place it across the vagina, so that the extremities may be turned towards the spinous processes of the os ischium. If the direction of the opening in the pessary is

made to correspond with that of the long diameter of the instrument itself, this will be easily accomplished. The pessary is now to be passed as high into the vagina as it can be without giving pain, and to be left there.

Procidentia uteri sometimes occurs in women whose perinæum has been lacerated to a great extent in labour: in such a case, neither the circular nor the oval pessary can be retained; but the sacrosciatic ligaments and the os coccygis will sufficiently contract the lower aperture of the pelvis to enable a globular pessary to be retained. This pessary, pressing equally in all directions, is very conveniently borne; and it may be used in widows who have lost the catamenia, with great advantage. The size of the instrument being adapted to the capacity of the parts, its surface is to be covered with unctuous matter, and it is to be placed between the labia; by a gentle pressure it is to be carried into the vagina, giving a degree of rotatory motion to it as it passes

along, which greatly facilitates the introduction.

A form of instrument has been made for these cases with a stalk, to enable the woman to secure the instrument in the parts: but this stalk is very apt to irritate the labia; and the author has hardly known a case in which it could be employed with advantage.

Hippocrates, in the second book *περι γυναικειων*, describes exceedingly well some cases of procidentia uteri. Amongst the causes of the disease, he mentions fatigue after delivery, carrying heavy burthens, fright, cutting wood, or being connected *τω ανδρι εν τη λοξιη καθαρσει*. Speaking of the treatment of the disease, he recommends the application of cold water and astringents to the parts, the moderate use of food and drinks, a posture of body in which the feet are to be placed higher than the head; and, as a means of supporting the uterus, he desires that a globular pessary should be worn; and perhaps a better one

could not be suggested,—very light, and possessing astringent power—a pomegranate steeped in wine. This (he directs) is to be chosen of a fit size, and to be carried into the parts, so that it may not come away, but remain.*

In those degrees of this disease where the uterus quits the cavity of the pelvis and falls out of the body, forming occasionally a tumour between the thighs of the woman, it is obvious that the parts must be returned to their natural situation before any support can be applied with much advantage. How far it may be prudent to attempt this reduction, and what degree of force it may be justifiable to employ for the purpose, must depend upon many circumstances, into which inquiry should be made.

Particular care should be taken to ascertain, whether inflammation has at any time

* Των ῥοιων δια του ομφαλου τρησαντα μεσου, εν οινω χληναντα, ἵτις εν αῤμοξῇ μαλιστα, ει μη τι κωλυει, προστιθει ως εσωτατω, ειτ' αναδῃσαι ταινιη πλατειη και αναλαξειν, ως μη ολισθανοι αλλα μενοι.

Ἰπποκρ. περὶ γυναικειων, lib. ii. cap. 41.

attacked the internal parts of the tumour ; because if this should have happened, and if the parts should be connected with each other by coagulating lymph, the force necessary to accomplish the return of the tumour may separate the adhesions, or tear the parts with which they are connected ; and the life of the patient may be brought into imminent hazard. Whenever therefore acute pain, which has been lasting, has occurred in the tumour, particularly when this has been accompanied by other marks of peritonæal inflammation, such as thirst, white tongue, small quick pulse, tenderness of the abdomen, and vomiting, no attempt should be made to replace the uterus within the body. So also when the attempt is attended with great pain, all efforts to return the parts should be abandoned. Bands of organised coagulating lymph may compress some parts of the intestinal canal when the tumour has been reduced, and the patient may be exposed to all the hazard of a strangulated hernia.

If it is determined that the tumour should

be returned, great caution is necessary ; for when the parts have been long displaced, and the centre of the tumour is filled by the intestines, omentum, &c., the operation may be difficult, if not impossible. The vagina, when dragged down by the uterus, sometimes undergoes such a degree of distention, that its diameter will be greater than that of the pelvis itself. In the case of Watkins, who died in Kensington workhouse, the tumour measured more than fifteen inches in circumference, and its length was six inches and a half.

As the size of the tumour will be much increased by the distended state of the bladder and rectum, they should be previously emptied. The body of the patient should then be so placed that the pelvis may be much higher than the head: this will prevent the weight of the abdominal viscera from interfering with the return of the parts. The patient being now directed not to strain, or in any way to act with her abdominal muscles, the practitioner is to apply his fingers and thumb to the lower part of the tumour, where the os uteri is situated, and by a gen-

the pressure this is to be carried up into the centre of the tumour itself. This done, the same pressure is to be continued, and the parts are to be returned into their proper place in the pelvis. A pessary is then to be introduced into the vagina, and the patient should continue to lie upon an inclined plane, with the hips elevated, for several hours.

In almost all the cases in which the degree of the disease is so considerable, every pessary which can be introduced will be forced away by the slightest efforts of the woman: even the globular pessary (which is the best) will not be retained, neither can it be kept in the vagina by any common bandage. But by the following contrivance the globular pessary may be kept in the vagina. In the first place, a pessary is to be chosen of the size which the case requires, and a small slip of brass is to be attached to it by its two ends, leaving a space between the instrument and the centre of this piece of brass: a belt of leather, long enough to go round the patient's body, is also to be prepared: to the centre of which behind, a brass wire, as thick

as a common quill, is to be attached by a screw. This wire is now to be properly bent; and the pessary being introduced into the vagina, the wire is to be passed between the pessary and the piece of brass attached to it; and being brought up between the thighs, it is to be attached to the fore part of the circular strap. The reduced parts are by this means supported by a pessary, and this is kept in its place by the unyielding piece of metal.

By this contrivance a disease of a most distressing nature may be relieved, and the patient's situation changed from a state of the greatest distress to one of comparative comfort.

Before this history of procidentia uteri is closed, it will be right to observe, that cases of this disease are sometimes produced by the pressure of tumours of various kinds upon the uterus, and also by tumours of the uterus itself, which by their weight displace it. The symptoms in such cases will be sometimes of a compound nature, arising partly from the

tumour, and partly from the altered situation of the uterus. Great circumspection is here required ; and it should be well considered, whether it is advisable to recommend to the patient to bear the inconvenience arising from the two diseases, or to have recourse to a support.

Wherever there is reason to believe that the tumour is of a character likely to assume an active form, it will be best to do nothing which can possibly add to the disorder, but to advise the patient to submit to her present complaints, rather than to incur the hazard of rendering them worse, by experiments intended to relieve one of them which is not hazardous, but only inconvenient.

CHAPTER VIII.

PROCIDENTIA VESICÆ.

THIS disease being attended with some of the symptoms of procidentia uteri, has been confounded with it, and treated as such: in a few instances the patient has been relieved, but in the majority of cases she receives no benefit. As in procidentia vesicæ the vagina falls down before the tumour, the case has been denominated by some writers procidentia vaginæ;* although by others this term has been applied to the case where the posterior part of the vagina has fallen, so as to be exposed by protruding through the os externum. By some writers upon the diseases of

* “De procidentiâ vulvæ seu vaginâ uteri. Non ab imperitis tantum obstetricibus atque aliis mulieribus, sed ab ipsis quoque medicis atque chirurgis viris ceterum satis expertis et doctis, identidem vaginæ procidentiam cum uteri procidentiâ confundi, eodem ut plurimum nomine utrasque designari, manifestum est experientiâ.”

Institutiones Chirurgicæ, Laurent. Heister. cap. clviii.

the female organs, this complaint has not been noticed at all ; and by none, within the author's knowledge, has the symptom which generally attends it been pointed out.

The term *procidentia vesicæ* is given to this disease : first, because it is really the bladder which falls, and which carries the vagina with it, in the same way in which a falling uterus does ; and secondly, because the name directs the mind of the practitioner to an important part of the treatment.

The bladder may descend a little lower than its natural situation, or it may fall so low as to become an external tumour projecting between the labia.

This disease, like the former, will be most likely to occur when the vagina is relaxed, as after childbirth ; but it may happen at any period of life. It is the posterior part of the bladder which descends, or that which lies behind the entrance of the urinary passage.

The greater number of patients whom the

author has seen labouring under this disease have been subject to violent coughs, which may therefore probably have had some share in its production.

The symptoms of the disease in some respects resemble those of procidentia uteri; but some of the latter are wanting, and others not present in procidentia uteri are met with in this ailment. The weight of the part induces the woman to complain of a bearing down; not however to the same extent as in procidentia uteri. When any urine is contained in the bladder, the patient is much more uncomfortable, as the size of the tumour is much increased when the bladder is full; and vice versâ. The tumour seldom goes away entirely, because some urine generally remains in the bladder even immediately after the woman supposes that she has emptied it; it appearing that these muscular fibres of the bladder, which form the pouch or tumour, have not the power of contracting so as to expel the whole of the urine.

A mucous discharge often attends the dis-

ease: but the quantity varies. In some cases it is very profuse.

The peculiar symptom which marks this complaint is a pain referred to the navel, with a sense of tightness there. This pain is the greatest when the bladder contains the largest quantity of urine; and as it parts with its contents the uneasiness diminishes, till at last when it is empty, or nearly so, the symptom goes off altogether.

The superior ligament of the bladder runs from the fundus of the bladder to the navel, to which it is attached; and perhaps some elongated state of this ligament (the remains of the umbilical arteries), or the effect produced by the dragging upon the navel itself, may account for this symptom.

This pain at the lower part of the belly extending to the navel, has been considered as symptomatic of disorder in the bowels, and the disease has been treated by purgatives. This class of medicines for a time relieves, because during the action of these remedies the blad-

der is nearly emptied of its contents: moreover, less urine is secreted by the kidneys. The good effect of these medicines is, however, only temporary, as the symptoms will be reproduced when the purging is discontinued.

The distinguishing mark between procidentia vesicæ and procidentia uteri, is the absence of those stomach symptoms which attend the latter; for although the stomach sympathizes with the bladder under many states of disease arising from altered structure or disordered actions, it is by no means so frequently affected by disorder of the bladder as by that of the uterus, and very rarely, if ever, is affected by the mere displacement of the bladder: but if in consequence of the displacement, the bladder should become affected by disease, then the complaint is no longer to be considered as a simple case of procidentia of the bladder.

A distinctive mark occurs on examination. In procidentia uteri an opening is perceptible at the lower part of the tumour, which is not the case in procidentia of the bladder.

In examining patients labouring under this disease, a tumour will be found in the vagina ; and upon tracing this to its origin, it may be felt lying between the os pubis before and the uterus behind ; and a practitioner can hardly fail to discover that it is formed by a fluid. Encysted tumours forming in the cellular membrane of the parts, although rare occurrences, may likewise be mistaken for a prolapsed bladder, or a prolapsed bladder for them ; but tumours of the above description will not be lessened in size by the expulsion of the contents of the bladder, as is the case in *procidentia vesicæ*.

In the case under consideration, there is also an altered state of the cervix of the uterus, which deserves particular attention. In examining the structure of the sexual organs of the female in the dead body, it is to be observed, that the cervix of the uterus and the cervix of the bladder are very firmly connected by a strong cellular membrane ; so that if the cervix of the bladder rises high into the cavity of the abdomen, the cervix of the uterus will follow it ; and in this man-

ner (it is known) retroversion of the uterus is produced.

In procidentia of the bladder of long standing, the pressure of the posterior part of this viscus (when containing some urine) upon the cellular membrane connecting it with the anterior part of the cervix uteri, elongates this cellular membrane: but as it does not yield readily, the anterior lip of the os uteri is dragged down with it, so as to be very much lengthened. In this altered state of the parts, the os uteri, instead of being found in the centre of the pelvis, opens directly backwards, and lies in contact with the posterior part of the vagina; so that the space between the elongated anterior lip of the os uteri and the posterior part of the vagina is very small.

The author has been consulted several times in cases of this kind, where the practitioner has been led to believe that the uterus was diseased, when, in fact, the parts had only undergone this change from an altered situation of the bladder. This lengthening

of the cervix uteri may exist without any, or with very little, alteration of the situation of the fundus of the uterus, as the following examination of the body of a woman, related by Morgagni, will shew.

“ In ventre summum uteri fundum aliquanto inferiorem quam par esset obtinere sedem animadverti, nec tamen tanto ut posse ejus osculum illuc quo dicam pervenire suspicarer : Extra naturalis multum dilatati labia corpus tres quatuorve transversos digitos longum prominebat cylindri forma, valde crassum factum ex substantiâ, ligamenti simili nisi qua ad imum exulcerabatur ; esse vaginam inversam facile agnovi. Itaque ad summam interiorem partem ejus corpus urethræ erat osculum, et sub hoc singula ab singulis lateribus satis patentia lacunarum foramina. In medio autem partis infimæ orificium erat mox abiens in uteri osculum per quod specillum ad summos usque cavæ uteri parietes nullo negotio trajiciebam. Miratus insolitam longitudinem vaginam incidi, atque intra ipsam conclusam reperi uteri cervicem permulto quam soleat longiorem factam.”

This alteration of the cervix uteri being once produced, continues, although the bladder be emptied; and if the proper mode of curing the disease is not resorted to, the anterior lip of the os uteri acquires additional length. The parts gradually return to their original state, if a support adapted to the nature of the case is applied and worn for a length of time.

Procidentia vesicæ admits of remedy by the use of a support introduced into the vagina; and the hollow pessary of a globular form before mentioned, is more serviceable than any other.

Hollow pessaries made of the shape of an egg are worn by some women more comfortably than the globular pessaries: particularly in those cases where the diameter of the vagina is but little increased by relaxation; where the length of the pessary, from the perinæum to the falling portion of the bladder, must of course be sufficient to support the latter; and where, if the instrument were globu-

lar, unnecessary pressure and pain would be the consequence.

The globular and the oviform instrument should be provided with four holes (in the latter, at the broad extremity), through which two pieces of silk can be passed, by means of which the instrument may be occasionally withdrawn by the woman or practitioner. Two holes would be sufficient for this purpose, if the strength of the silk could be depended upon; but as it may happen to break by the force employed in withdrawing the instrument, the remaining sound piece affords the means of bringing it away. For want of this precaution, women who have worn the oval pessary have had some difficulty in removing it when the tape has been broken.

Solutions of astringent substances should be thrown into the vagina often in the day. Particular care should be taken to avoid straining, as every exertion of this kind must affect the displaced part, and may force

away the instrument. The woman should therefore avoid lifting heavy weights; and the bowels should be kept in such a relaxed state, that the fæces can be passed without any great exertion: the woman may therefore eat freely of fruit and vegetables; and if any assistance is required from medicine, the mildest purgatives are to be preferred. As the urinary bladder, at different periods, contains very different quantities of urine, and as the degree of the procidentia will depend upon the degree of distention of the bladder, especial regard should be had to prevent the accumulation of urine, by desiring the woman to make water frequently.

CHAPTER IX.

PROCIDENTIA VAGINÆ.

MEDICAL men are not so frequently consulted respecting this disease as concerning procidentia of the uterus or bladder; for it is not attended with the constitutional symptoms of the former, nor the local inconveniences of the latter disease.

The term “procidentia vaginæ” is here meant to imply a relaxation of the posterior part of the vagina, so that this part is lower than the natural defined edge of the perinæum.

Lacerations of the perinæum, in labour, may certainly have some share in producing the complaint.

The anterior part of the os sacrum is of a concave form, and in this concavity the rectum lies. In the ordinary state of collapse,

or emptiness of this intestine, and even when the quantity of fæces in it is not very considerable, the space at the back part of the pelvis will be sufficiently large to receive it without inconvenience: but partly from the state of constipation into which the generality of women are disposed to fall, from habits of false delicacy, and partly perhaps from the sedentary life which they too often lead, the lower part of the intestinal canal becomes so distended sometimes as to make the posterior part of the vagina approach nearer to the anterior part of the pelvis, and in this way the diameter of the vagina may be much diminished. This extreme distention of the gut at length diminishes or takes off the power of contraction upon its contents, and the strength of the sphincter muscle is increased by its frequent resistance to the contraction of the intestines and abdominal muscles: at length, when by the operation of purgative medicines, or by the natural strong efforts of the intestines, or by manual assistance (which is sometimes required) the lower bowel is emptied of its contents, the pouch formed by it and the posterior part of the vagina

continues so as to form procidentia vaginæ. If the forefinger of the surgeon is passed into the anus, under such circumstances, and carried forwards, it will be directed into the pouch so formed. This disease appears sometimes to be produced by piles acting in the same manner as habitual costiveness. Such a state of parts being once produced will continue, unless proper means are employed to cure the disease.

The complaint may also be produced by cysts belonging to diseased ovaries falling down into the hollow between the rectum and the posterior part of the vagina. In one case where this happened in labour, the author was consulted, under a supposition that the prolapsed part was the bag of membranes formed by the amnion and chorion, and attempts had been made to break them. The case was terminated by opening the child's head, by means of which operation the life of the woman was saved. After the labour the cyst went up again into the cavity of the abdomen, and the vagina being no longer pressed down regained its natural situation.

No effect in this disease is produced upon the shape of the os uteri, because the cervix of the uterus is hardly at all connected to the rectum, and the cellular membrane between the vagina and rectum is very loose, and readily admits of the vagina projecting.

When the patient is in the horizontal posture, the tumour made by the prolapsed vagina is somewhat smaller than when she is erect; but it never goes away altogether. Its size is sometimes as large as a hen's egg.

Very few symptoms attend the complaint. Some pain in the back is present, but this is not considerable; some transparent mucus comes away from the vagina, and the woman complains of a relaxation in the parts, and of something projecting from them.

In curing this disease, the practitioner is to direct proper means to keep the rectum empty, and thus to remove one of its causes: afterwards he is to endeavour to restore the tone of the gut. Without attending to the first of these objects, the second cannot be

accomplished ; and unless the tone of the bowel is restored, the mere emptying of it will be useless.

Purgatives given by the mouth, and glysters thrown into the rectum, are the means by which the first of these objects is to be attained. If piles are present, the class of resinous purgatives is to be avoided. Castor oil, or solutions of some saline purgative in infusion of senna, should be given in frequently repeated doses, till the intended effect is produced. The glysters may be made of any of the farinaceous decoctions, or broth, and some expressed oil.

As in some instances the gut is so much distended as entirely to have lost its power of action, neither glysters nor purgatives will be of any avail ; for the glyster-pipe, as it passes into the rectum, will be blocked up by fæces : and purgatives will only bring a larger quantity of fæces down, which will add to the bulk, already too great. Nothing remains in this case, but to empty the rectum by manual operation ; in doing which, all delicate feelings of a practitioner are to

be sacrificed to the patient's good; and however disgusting the operation to be performed may be, if it is necessary, the practitioner is bound to perform it. The following is the mode of doing it. The patient being placed upon her left side on a bed, her knees being drawn upwards, the forefinger of the right hand of the surgeon, covered with oil, is to be introduced into the vagina: a marrow-spoon, or the small end of a common table-spoon, covered with oil and warmed, is then to be introduced into the rectum; and by means of it, assisted by the finger in the vagina, the fæces are to be scooped away. A large glyster is then to be thrown up; and if any fæculent matter should be lying in the sigmoid flexure of the colon, it will be brought down into the rectum, whence it may be easily removed.*

For the purpose of giving tone to the rectum, the same means are to be employed as are calculated to produce similar effects

* An ounce of soft soap dissolved in a pint of warm water forms as good a glyster for the purpose as can be employed.

in other parts of the body. Bandages are not applicable to this case. The object is to give support to the posterior part of the vagina, and to the weakened rectum. A globular pessary answers both of these purposes very well, and it should be carefully adapted to the size of the vagina.

Solutions of alum, in a decoction of oak bark, may be thrown into the vagina several times in a day; or it may be applied to the part affected by means of a sponge. Cold water applied to the loins and to the external sexual parts will also assist the recovery of the patient, by giving strength.

Costiveness in future is to be carefully prevented.

CHAPTER X.

INVERSIO UTERI.

THIS complaint consists, as the name imports, in an inversion of the cavity of the uterus, so that the fundus comes through the os uteri: consequently that part which formerly was the inside of a cavity is converted into the outside of a tumour, either contained in the vagina, or projecting from it.

In the present improved state of the art of midwifery, this disease is very seldom met with, because it is generally a consequence of mismanagement of the placenta.

In labour, the child and the placenta are expelled partly by the abdominal muscles, but chiefly by the contraction of the uterus; and no alteration in the situation of the parts of the kind about to be described fol-

lows: but if, through ignorance, haste, or carelessness, the practitioner is induced to pull with much force by the funis umbilicalis before the placenta is separated, if the placenta should be firmly attached to the fundus of the uterus, and if the funis should be strong, the uterus being in a relaxed state at the time, the placenta will be pulled down; but the uterus will come with it, and will be inverted.

Women who do not bear children are, for the most part, exempt from this complaint; but it is said that it may be produced by the weight of a polypus attached to the fundus of the uterus. This cause may of course render unmarried women the subjects of the disease; but it will be rarely met with: first, because polypus itself is infrequent; secondly, because the polypus must be very large and heavy, that it may have the power of drawing down the uterus; thirdly, because an unimpregnated uterus is unyielding and firm; and fourthly, because the polypus, to produce the effect, must be attached exactly to the fundus of the uterus.

In labours which have been badly conducted, the uterus is in a much more relaxed state than when the management has been judicious.

The immediate consequences of an inverted uterus, when it takes place after delivery, are hemorrhage, faintness, and a sense of fulness in the vagina. The woman in this case compares the feeling with the sensations which she experienced just before the child was born. If the nature of the accident is discovered early, it will admit of a ready cure, by the return of the parts to their original state. This is to be effected by making pressure upon the LOWER PART only of the tumour, so as to cause this part to be received into that above it: a continuance of the same pressing force will in some cases quickly reduce the tumour. If the uterus has not been long displaced, and is much relaxed by loss of blood, the operation will be proportionably less difficult. The author has been called by other practitioners to cases of this kind, where the patient has expired, in consequence of hemor-

rhage, before the nature of the accident has been ascertained. In such cases, he has found very little difficulty in replacing the uterus, all resistance being removed by the weakened state of the patient previously to death. It sometimes happens, that, when a second practitioner is called in to a patient, he finds the uterus inverted, and the placenta still adhering. It is requisite that two things should here be done. The uterus is to be reduced, and the placenta is to be detached and removed.

The uterus is to be first returned to its usual state and natural situation; and the case then becoming simply one of a retained placenta, is to be treated as such: but if, neglecting this order of proceeding, the placenta should be first removed, a number of bleeding vessels are exposed before the uterus can contract so as to restrain the hemorrhage; and the chance is, that the patient may die from its effects.

As inversion of the uterus is (strictly speaking) to be considered as one of the im-

mediate consequences of delivery, no admission would have been given to it in this work, if it were not that it is occasionally met with, in the chronic state, attended by a mucous discharge.

The symptoms of the chronic state resemble those of procidentia uteri; and an examination being made, a tumour is found either in the vagina or hanging out of the external parts. Such a tumour may be mistaken for polypus: but in the latter disease the os uteri encircles the tumour; in inversion of the uterus, the os uteri forms a part of the tumour itself. Moreover, the inverted uterus is sensible; polypus tumours, on the contrary, are void of feeling.

The tumour may be mistaken for procidentia of the uterus; but the difference may be detected by observing that there is no opening at its lower part. It is distinguished from procidentia of the bladder by being much more resisting, by its size continuing always the same, and by the impossibility of finding the uterus behind it.

If an inverted uterus should project from the external parts, and the woman should continue to menstruate, the fluid of menstruation may be observed coming from the whole surface of the lower part of the tumour—of the lower part of the tumour, because in the greater number of instances the uterus will drag down the vagina with it: in which case the external tumour will consist of two parts; one above, which is the inverted vagina, another below, which is the inverted uterus. Where the vagina terminates and the uterus begins, there will be found a contracted part, which is the os uteri. As the uterus alone secretes the menstruous fluid, the lower part of the tumour only will be moistened by it; the upper part being an inversion of the vagina, which does not secrete menstruous fluid, having a glossy surface, which is dry; or if moist, covered with mucus, and not with menstruous fluid.

Whilst the inverted uterus remains in the vagina, the discharge (excepting at the periods of menstruation) will be of a mucous kind; but if the uterus falls lower, so as to protrude be-

yond the external parts, the exposure of that surface, which in a natural state lined the cavity, to air, as well as to occasional injuries, may induce inflammation and ulceration over a part or the whole of its surface; and the mucous discharge may be changed to one of a purulent kind, so considerable in quantity as to debilitate the constitution, and to cause all the common symptoms of weakness. If there are any ulcerations upon the surface of the upper part of the tumour formed by the inversion of the vagina, they will be circumscribed, and rarely cover its whole surface.

The size of an inverted uterus will vary in different cases, owing to the length of time which has elapsed since the labour, and the degree to which the parietes of the uterus have contracted. An inverted uterus will always be larger than an unimpregnated uterus in its usual state, because the appendages of the uterus (as the ovaria and the fallopian tubes) will be contained in the centre of the tumour.

In a case where the uterus has been long inverted, and lies in the vagina, (the latter cavity having undergone no change except from distention,) it will not be advisable to recommend any other remedy than the injection of some very mild astringent fluid, three or four times a-day, into the vagina. Some restraint will thus be placed upon the quantity of the discharge, and the parts will be kept clean by it.

Pessaries are useless ; for the vagina is already so filled, that nothing more can be retained in it.

There is an extreme degree of the disease, where the uterus (previously inverted) falls out of the body, drawing down with it the vagina ; and where the woman is every day becoming more and more weak from the quantity of the discharge. If this case is left to itself, the woman either drags on a miserable existence for a number of years, or her life is cut short by the constant drain.

Cases of this kind can receive very little

benefit from external applications ; and it is obvious that nothing is to be expected from internal medicines. Powdered chalk, or lapis calaminaris, sprinkled upon the part, may check the discharge a little ; the oxide of zinc may in some measure abate its quantity, but it will not remove it altogether : and the same observation will apply to astringent applications generally. Besides, it is to be recollected, that the uterus is an organ supplied with blood most amply, by a double set of vessels ; and therefore it deserves consideration how far a discharge, which has subsisted for some time, can be stopped without injury to the viscus which secretes it, and to which the usual determination of blood continues to be made. However, it may be considered more prudent, if the discharge diminishes in consequence of such applications, to persevere with them, rather than to risk any danger which may arise from an operation. In those cases of inversion of the uterus, where the woman has passed the menstruating age, where her comfort is destroyed by the disease, and where the profuseness of the discharge

threatens her with death, from the debility which it produces ; it may be advisable to recommend the performance of an operation, which has been attended with success, and from which the author has known a patient recover after she had attained the age of sixty :—this operation is the removal of the inverted uterus itself.

When the uterus has been inverted many years, the ovaria and the fallopian tubes, which are inclosed in it, become consolidated with it, (perhaps by inflammation having taken place,) and the operation becomes less hazardous, because the cavity of the abdomen is not exposed. How far it may be right to resort to this operation during the menstruating part of a woman's life, the author has no means of judging.

Cases are upon record, where the removal of the uterus has been performed with safety. Ambrose Paré* relates a case, where he, with Mauriceau and another

* Lib. xxiv. cap. 42.

surgeon, cut away the womb of a woman thirty years of age, who survived the operation; but she died of a pleurisy three months afterwards. There could be no doubt that the tumour which was removed was the uterus; for the ovarium was removed also, and upon opening the body after death no uterus was found. This case occurring during the menstruating part of the woman's life, shews that the operation may be done with impunity; unless it be considered that the woman would not have had the inflammatory attack if she had continued to menstruate.

The following case occurred to the author some years ago :

A poor woman, sixty years of age, complained of a tumour which hung down from the external parts between her thighs, attended by a discharge of mucus and of pus, so profuse in quantity as to make her exceedingly weak. Upon an examination of the tumour, it appeared to be an inverted uterus, the whole surface of which was in a

state of ulceration. Above this tumour was the vagina, also inverted, having partial ulcerations upon it. The circumstances in life of the patient obliged her to apply to a dispensary for relief: her sufferings, although not acute, were sufficient to interfere with her comfort; and her increasing weakness made her readily consent to the performance of an operation for the removal of them, which was performed by Mr. Chevalier, surgeon to the Westminster General Dispensary. A ligature was applied round the contracted part of the tumour; that is, where the uterus terminated and the vagina began. It was tightened daily until about the eleventh or twelfth day, when the parts included in the ligature were absorbed, and the uterus fell off. During this time the patient complained of very little pain. Adhesions had taken place between the sides of the vagina, so as to prevent the exposure of the cavity of the abdomen; and the woman recovered. After an operation of this kind, the vagina should be returned to its natural situation, and it should be kept there by a hollow globular pessary. In all

probability this support will be required during the remainder of the patient's life, as the vagina may otherwise fall down and project between the labia.

CHAPTER XI.

On Mucous Discharge produced by an increased Determination of Blood to the Sexual Organs.

THE diseases which have been hitherto described, and of which an increased mucous discharge is symptomatic, are to be considered as consisting of the displacement of certain parts. But these diseases are not the only causes of such discharges ; for if an increased determination of blood is made to these parts, from any natural or morbid cause, an increased secretion of mucus will be produced by it.

Those diseases which produce an increased determination of blood to the sexual organs of females, or parts in their vicinity, will be next considered.

HEMORRHOIDS, OR PILES.

This disease is a dilatation of the hemorrhoidal veins, and is exceedingly common in both sexes; but more so in women than in men; and it becomes a source of great inconvenience to both.

Hemorrhoidal tumours are sometimes contained within the gut; at others they project from the anus: the first are called internal, the last, external piles. Piles, when external, increase very rapidly in size, in consequence of the contraction of the sphincter ani upon the trunk of the vessels; and if the coats of the vessels do not inflame from distention (a circumstance which frequently happens), the circulation in the vein being arrested, the blood contained in them coagulates, forming those indolent tumours often found round the verge of the anus.

Sometimes the size of hemorrhoidal tumours is quickly diminished by the rupture of their coats, and the escape of their contents;

and in this way inflammation is prevented or cured. The quantity of blood lost upon these occasions is sometimes so considerable as to weaken very much. Nevertheless, upon the cessation of these discharges of blood, which sometimes become habitual, diseases of the neighbouring parts or of the constitution arise, which prove of difficult management, and perhaps do not yield till the hemorrhoidal veins again pour out their blood. In some constitutions there has been remarked a regularity of interval between these discharges. When hemorrhoidal tumours become external, ulceration frequently takes place upon the surface of them, and they discharge a puriform fluid.

Upon inspecting these sores, they resemble in appearance those of a venereal kind; and as they may be such, practitioners should be very guarded in their prognostic till they are certain.

Similar sores are also observed upon the sides of the anus, to the distance of two

inches or more ; and they likewise are formed sometimes within the labia.*

Patients who have been exposed at any part of their lives to the cause of venereal disease, are very apt to fear that their complaints originate in such diseases ; whilst the more virtuous, but suspicious, woman may be led to attribute her disease to the inconstancy of her husband. It is to be lamented, that many well-meaning practitioners are themselves too apt to fall into a habit of considering almost every discharge from the neighbourhood of the sexual organs to be of a specific nature, and every ulcer near these parts to require the use of mercury. But it is degrading to an honourable profession to witness the infamous attempts made to impose upon the unwary and credulous, by describing in the public prints diseases as the effects of vi-

* “Tertium autem ani vitium est, ora venarum tanquam capitulis quibusdam turgentia quæ sæpe sanguinem fundunt. Αἰμορροΐδας Græci vocant. Idque etiam in ore vulvæ fœminarum incidere consuevit.”

Celsus, lib. vi. cap. 18.

cious propensities, which spring from causes to which all are equally exposed. The authors of such impositions make it an invariable rule to call every complaint about which they are consulted venereal, or to give an opinion couched in obscure or unintelligible language, in order to intimidate those who consult them. Such persons would do well to heed the observations of the excellent Sydenham, who, speaking of those who think that the venereal disease ought not to be cured, in order that others may be deterred from falling into the cause of it, says: “His ego non assentior, utpote qui existimem nullum fere locum charitati atque operæ mutuæ relictum iri nisi ea quæ sibi suâ ipsorum culpâ improvidi accersunt mala humaniorum officiis sarciantur.” Omnipotentis Dei est fontes castigare, nostrum vero miseris pro virili succurrere atque ægris opem ferre, non autem *curiosâ causarum indagatione* illos acrius urgere, aut censorio vexare fastu.”—Sydenham. Epistola respons. 2da de Morbo Venereali.

The ulcers on the outside of the anus re-

semble venereal sores ; for the cellular membrane is absorbed more quickly than the skin, which gives an appearance of high edges to them. They also become very difficult to heal : but these ulcerations differ from venereal sores, in not having their surfaces covered with that thick yellow film which is met with in chancres ; and although the sores do sometimes run into each other, yet they do not spread with the same rapidity as chancres. Besides, chancres will heal by the use of mercury : This will rather be injurious in the other ulcer, which will heal by the application of simple stimulants, such as solutions of sulphate of copper or of nitrate of silver.

A discharge of mucus from the vagina is a concomitant symptom of the piles ; for the internal iliac artery supplies both the hemorrhoidal vessels and those about the vagina with blood ; and it will be found difficult to restrain this discharge whilst the hemorrhoidal tumours continue.

The labia and the nymphæ are also apt to

be more swelled, from their vessels being distended.

Women who have been frequently pregnant, and whose bowels are disposed to be constipated, are most liable to this disease.

The surface of the piles being covered with the internal membrane of the rectum, such tumours are at first very irritable and tender: by degrees, however, from exposure to the air and to pressure, this irritability goes off.

The treatment of this disease depends upon the accompanying symptoms, upon the state of the tumour, and the cause which induces it. If the disease should arise in a plethoric habit, and if blood should occasionally escape, it will be right to weigh whether the patient will suffer more by the continuance of the disease, or by putting a stop to the evacuation of blood. In such habits the discharge answers a salutary purpose; and whilst it is kept within moderate limits, it may be suffered to go on; but if its profuseness

should induce debility, astringents and pressure may be safely applied.

In all cases of the disease, but especially where the vessels of the system are too full of blood, the bowels should be kept open; and this should be effected by those purgatives which do not stimulate the lower part of the intestinal canal:—all the class of resinous purgatives should be avoided. Expressed oils and manna will be found most serviceable. Sulphur is also by many considered to be useful in these cases. Sublimed sulphur may be given in the form of electuary mixed with honey, or the sulphur præcipitatum may be taken in milk. The only objection to its use is the smell attending it.

Although a confined state of the bowels is injurious, active purging is not required, but proves detrimental.

Cold applied to the anus is useful, and the size of the tumour will be diminished by it. Cold spring water may be applied by means of a sponge, or powdered ice may be

applied between folds of linen. These applications may be repeated often in the day.

Solutions of astringent substances will, by producing contraction of the coats of the veins, be likewise beneficially employed.

If external piles become painful, they should be returned within the anus by careful pressure, and some cold lotion should be applied to the anus, or even thrown up into the rectum, after the reduction of them: this will produce contraction of the distended vessels, by which the blood will be driven out of them; and it will also increase the contraction of the sphincter ani, by which a support will be given to the vessels, and their future descent perhaps prevented.

If inflammation should exist (which will be known by the constancy and the violence of the pain, and perhaps by febrile symptoms), local bleeding will be proper, and this will relieve the symptoms. The blood may be taken away by leeches, or by punc-

turing the piles with a lancet. If the febrile or inflammatory symptoms should be violent, general bleeding will be proper.

When a tumour in the cavity of the pelvis occasions the disease, the symptoms will continue till the tumour rises into the cavity of the abdomen. If that tumour should be a pregnant uterus, quickening will cure or relieve the patient, when the piles occur in the early part of pregnancy; and labour, when they appear in the more advanced stages. But if the pressure should be caused by any morbid tumour, as the progress of it is very uncertain, as it sometimes proceeds very rapidly and sometimes very slowly, it will be difficult to foretell how long the pressure will continue.

When the hemorrhoidal disease is conquered, the discharge from the vagina will cease; but it will be advisable, during the employment of the measures which have been recommended, to throw cold astringent solutions into the vagina, which may not only restrain the discharge, but, from

the vicinity of the parts, may have some influence upon the hemorrhoidal complaint.

In cases where chronic indolent tumours surround the verge of the anus, it is sometimes advantageous to rub them lightly with a mixture consisting of camphor and simple cerate, in the proportion of one part of the former to twenty of the latter by weight. If they become very troublesome, they may be removed by the knife or by ligature:—the ligature seems least formidable; but it will be found upon employment to be much more painful than the knife, with which the operation is quickly finished. If the extremity of the gut is relaxed, the surfaces to which the tumours were attached may be touched with *argentum nitratum*. The subsequent inflammation will be useful in producing a thickening of the parts, and an obliteration of the cavities of some small veins, thereby materially assisting in preventing a return of the disease.

CHAPTER XII.

ASCARIDES IN THE RECTUM.

WHOEVER has attended to the diseases of the sexual organs, must have seen repeated instances of disease in one part producing symptoms in another, which symptoms have been regarded as the primary disease. Mucous discharges from the urethra of men are indicative of disease in the prostate gland and in the testicle ; and yet they are sometimes mistaken for, and treated as, a morbid state of the urethra, often with manifest injury to the patient. So, likewise, discharges of mucus from the vagina have been considered as originating in disease of that passage, or of the uterus, when the irritation arising from ascarides in the rectum has produced all the symptoms.

Ascarides are endowed with a power of very rapid motion, and have a pointed extremity, which is nearly transparent, with

which they probably irritate the sides of the rectum. An extreme and insufferable itching, almost worse than pain, is occasioned by them.

A larger quantity of blood in the vessels of the neighbouring parts is the effect of being so stimulated; and from the increased circulation arises an increase of secretion.

Ascarides will also travel from the rectum across the perinæum into the vagina, the membrane of which will be itself stimulated by the presence of these animals there.

Some care is required in investigating this case; for both the mucous discharge and the pruritus attend many other complaints, requiring very opposite modes of treatment.

Although children are seldom attacked by mucous discharge from the vagina, yet it sometimes appears, and may depend upon this cause. Irritation in the gums, at the time of dentition, will also excite it.

As the rectum is especially the seat of the ascaris, or thread-worm, the complaint may be cured by glysters. These act partly mechanically, by washing out the intestine and so removing them, and partly by being obnoxious to the ascarides. Solutions of bitter substances in water, as decoct. anthemidis, decoct. absinthii, or a mixture of aloës and milk, are found to be useful in removing them; but a strong decoction of the semen santonici is the most efficacious of all the injections in use. With this the rectum should be filled; but the quantity thrown up should never be so great as to produce great distention of its cavity, lest the coats of the bowel being stimulated, it should contract hastily and expel the glyster, which acts with more certainty if it remains for some time. This operation repeated for a few successive days will seldom fail to remove for a time the ascarides and the symptoms which they produce.

Purgatives employed alone are of little service; but during the use of the glysters they ought to be occasionally exhibited.

Those of a stimulating kind should be preferred, as jalap, or scammony with calomel. Generally, no remedies will be required to put an end to the discharge from the vagina, which is merely symptomatic; and when the ascarides are removed from the rectum, the mucous secretion from the vagina will cease.

If the rectum should remain irritable after the removal of the ascarides, it may be tranquillized by the injection of two ounces of decoctum amyli, or decoctum semin. cydonii, with forty or fifty drops of tinctura opii, or by a suppository containing two or three grains of opium mixed with starch.

CHAPTER XIII.

CARCINOMA RECTI.

It has been proposed by Mr. Abernethy, in his Treatise upon Tumours, that those tumours which have been designated "scirrhus," and which have in their more active state been termed "cancer," should be included under the general head of Carcinoma, dividing the stages of the disease into,

1. Carcinoma.
2. Ulcerated Carcinoma.

This he considers to be advisable, because other tumours which are hard, although indolent, have been entitled scirrhus.

To be clear and precise in terms is important in all sciences ; but in none more than in physic, which has for its object the preservation of human life. Of less, but still of considerable consequence, is the soothing the minds of those who are afflicted with disease. All

tumours which have the character of hardness have been called scirrhus, and scirrhus has been considered as the forerunner and first stage of cancer. But many tumours which are scirrhus, that is to say hard, have no disposition to acquire an ulcerating state, or at least have that disposition only in a trifling degree. It is the intention here to follow the distinction above alluded to, and to consider the first stage of cancer, under the head of Carcinoma.

Carcinoma recti is not a disease of frequent occurrence ; but as it sometimes happens, and as in some of its symptoms and in its termination it resembles carcinoma uteri, it deserves a place here, being attended by a mucous discharge from the vagina.

The lower part of the rectum being of a more glandular structure than some other parts of the intestines, renders it perhaps more liable to this disease than they are.* The whole circumference of the gut is most commonly affected ; and the parts becoming

* Vide Dr. Baillie's Morbid Anatomy.

thickened in consequence of the disease, the capacity of the canal is diminished, and the passage of the fæces through it is impeded. The resistance produced by this cause makes the discharge of the fæces very painful: and as piles are a very common disease, and are generally supposed by patients to be the cause of any pain or difficulty in voiding the fæces, this complaint has been mistaken for them, and the patient has suffered the inconvenience without being aware of any danger.

In consequence of this narrowness and obstruction in the rectum, the colon becomes gradually more and more distended; and upon an inspection of the body after death, it has been found to contain several pints of fluid, resembling a mixture of fæces and water.

This disease has also been mistaken for stricture of the rectum; and the patient has been much injured by the mode of treatment pursued in that disease, and her death has been accelerated. Bougies introduced into the constricted part have produced a

great degree of inflammation in the neighbourhood ; and thus, by adding to the thickening of the gut, increased the symptoms which they were intended to alleviate.

The pain attending the complaint is of the darting or lancinating kind ; and being referred to the neighbourhood of the uterus, has led to a supposition that the uterus was the diseased part. This error with regard to the seat of the complaint, if its true nature is understood, is not very important ; because, whether the complaint is in one viscus or the other, the principles upon which it is to be treated are the same.

In carcinoma of the rectum the pain will be greatly increased by the passage of the fæces, and the pain will be such as the patient would feel upon the rough handling of any external tumour of a similar character ; whereas in the common stricture of the rectum, although there may be pain, it will be by no means so acute, being occasioned merely by the resistance offered to the passage of the contents of the gut.

In carcinoma of the rectum, acute pain is occasionally felt when no endeavour is made to expel. In stricture of the rectum, the pain is felt only at this time, or for a short time afterwards.

The constitution also is more likely to be affected in carcinoma than in stricture of the rectum; and the sympathies between the part diseased and other parts will be more likely to be excited in carcinoma than in stricture.

The hemorrhoidal veins are apt to become enlarged, and sometimes to bleed. The bleeding may have some effect in retarding the progress of the complaint. Small œdematous tumours about the anus are also very liable to be formed; but both of these symptoms are likely to be met with in other diseases.

When the uses of the rectum are considered, and its liability to be stimulated, it will appear probable that carcinoma of the rectum will advance with greater rapidity to the

more active stages of the disease, than when it attacks parts less exposed to pressure or disturbance ; but upon this subject it will be difficult to form any precise opinion, because it is impossible to know how long the disease may have existed before the practitioner was consulted ; and it frequently happens that he is not consulted at all until the inflammatory action has commenced, which attends the conversion of the complaint into the ulcerated state. Moreover, the disease not being frequent, opportunities of collecting information respecting it will not often occur.

That the mesenteric glands are affected in the latter stages, may be learned from writers on morbid anatomy. Dr. Baillie states, that when a portion of the intestinal canal becomes cancerous, some of the absorbent glands in the mesentery also become affected with the same disease, in consequence of the matter of cancer being conveyed to them by the absorbent vessels. This explains the great emaciation which commonly attends the disease. The mere irrita-

tion and pain, and the quantity of the mucous discharge from the vagina, during the first stage of this disease, may in some measure account for it; but if the parts concerned in the conveyance of the chyle into the blood have their structure likewise altered, it is reasonable to expect that the emaciation and loss of strength will be more quickly produced.

An opportunity has never occurred to the author of examining the body of a patient in the first stage of the complaint, before ulceration has commenced; but as absorbent glands in the vicinity of carcinoma in other parts of the body, occasionally appear to enlarge before matter forms, and consequently before it can be absorbed, it is probable that they may do so here, and the mesenteric glands may have undergone an alteration in the early stages of the disease.

Few other symptoms attend this disease; and this state of things may continue for a long period, under proper management, pro-

ducing no symptoms of a more alarming nature.

When the disease becomes cancerous, the symptoms begin to be more formidable, the mucous discharge is converted into one of a purulent kind ; but the history and treatment of this stage will be considered under the head of Purulent Discharges. It may here however be remarked, that occasionally in the ulcerated stage a communication is made between the rectum and the vagina, in consequence of the destruction of the parts which naturally separate these cavities from each other ; that the pain becomes more acute ; that the stomach is apt to be affected with vomiting ; and that hectic fever sometimes supervenes.

TREATMENT.

When, in the latter part of the preceding section, the term “ proper management ” was used, it was by no means intended to convey a notion, that the complaint would

be cured ; for carcinoma does not admit of this by any medical treatment. That species of tumour which is found to degenerate into cancer, can be removed only by the excision of the part. Even when this operation is resorted to, it is doubtful whether much benefit is often obtained ; since the part where the incision was made, or parts in the neighbourhood, are very apt to continue the disease. Admitting, however, the utility of the operation where the disease is seated in other parts of the body, it must be wholly inapplicable in this part. As the disease does not admit of cure, it is of great importance that no injury should be done by unnecessary interference or irritation : the endeavour to do much in such cases is worse than doing nothing.

To look on and to watch a disease, to know when to assist nature in her operations and when to do nothing, are among the greatest qualifications of practical men, and the lot of but few : and it should never be forgotten, that the natural resources of the constitution are equal to a great deal, if

they are not interrupted by the interference of art.

Perhaps in other parts of the body, when tumours of this description arise, and when it is not thought right to remove them by operation, on account of the age of the patient, of the state of the constitution being unfavourable to the healing of the wound, or because glands in the neighbourhood are diseased, the most simple applications are the best.

Stimulating applications, to promote absorption of such tumours, should never be employed; as they produce no good effect, and may do irreparable mischief.

All plaisters which adhere strongly to the surface of the skin, notwithstanding that the ingredients of which they may be composed are of a sedative nature, should be avoided; for by the warmth which they produce they may be injurious, and in the removal of them the skin may be injured and a breach of surface produced. Thus any good effect

which might have been expected from their sedative quality will be defeated. As a defence against external injuries, when the skin is very tender, the common soap plaister, spread upon thin linen, may be applied; and whilst care is taken to prevent the part from suffering by any improper exposure to cold, it should also be a particular object of regard, that it should not be kept too warm.

Most patients who consult medical men on account of diseased tumours have applied flannel to the part, "in order to keep the cold from them." The practitioner should endeavour to explain to the patient the erroneous principle of her conduct, and advise her equally to avoid the extremes of heat and cold.

Another object of importance is to prevent the unnecessary action of those parts near which the disease is situated. Thus, if a tumour should form in the breast, the arm of that side should be kept as quiet as possible, lest the exercise of it should produce a larger determination of blood to the

disease, as well as render it more liable to be injured.

It is well deserving of inquiry, how far pressure made upon vessels carrying lymph or blood has a tendency to produce and increase the size of carcinomatous tumours. It cannot be unsafe to caution a woman labouring under carcinoma of the breast, to let her dress make no pressure on the shoulder, but particularly on the axilla of the side diseased. It is found to be advantageous in retarding the growth of carcinomatous tumours, to apply leeches often to the surface of them, if the tumour is not very near to the surface of the body. Such a mode of treatment is very serviceable, by emptying the blood-vessels, and diminishing any increased action in the vessels of the part. But when the tumour lies very near to the surface, more harm than good has been done by the application of leeches; for the coagulum of blood which is always left in the opening formed by the mouth of the leech, sometimes irritates the parts and produces itching, which the pa-

tient endeavours to appease by rubbing: this excites great superficial inflammation, which cannot but be hurtful.

Whenever a carcinomatous tumour becomes so large as to stretch the skin covering it so as to make it appear glossy, the application of leeches will always be improper; because a breach of surface once made, may not heal again. If in such a case the application of leeches should be thought advisable, they should be placed on the outside of the circumference of the tumour, where no such effect will be produced upon the skin; and when this is attended to, they will be nearly as efficacious in diminishing the fulness of the tumour, by emptying the supplying vessels, as if applied upon the tumour.

In some carcinomatous tumours of the breast, there are points elevated above the plane of the tumour, which put the skin covering them much upon the stretch, and which projecting points at length occasion absorption of the skin lying over them. Every remedy therefore which tends to re-

lax the neighbouring skin may be usefully employed. To prevent the conversion of carcinoma into the ulcerated state ought to be the especial care of a practitioner.

In those cases where the tumour lies near the surface of the body, there is a state intermediate between these two stages,—the scabbing stage; and during the continuance of this stage the patient may live for a number of years, perhaps with less inconvenience and pain than that which was suffered during the latter part of the carcinomatous stage.

After the skin has been very much stretched it often gives way, and a portion of the tumour is exposed: from this portion a small oozing of serous matter escapes, and forms a film upon the surface: the aqueous part evaporating, this becomes a scale. This small oozing, if the patient attends to proper rules of diet, will so far relieve the vessels below it, that the sense of pain and of tightness will be greatly mitigated. By degrees, however, the oozing goes on,

till that which was a thin scale becomes a scab, the extent of which increases, till at length it covers a great part of the neighbouring sound surface, and even projects very much above the skin. As long as the scab remains attached, the patient's situation is far less dangerous than when a separation of it has taken place.*

During the time of the formation of this scab, any fluid which may be effused should be absorbed, by sprinkling the surface with some light dry powder, such as oatmeal, or a mixture of starch and oxide of zinc. The part should also be left exposed to the air, in order that evaporation may go on more quickly, and the film harden.

If the fluid poured out can be dried in this way, so as to prevent the escape of it over the neighbouring sound parts, it is preferable to the application of any powder ;

* A very good account of the scabbing state of this disease is to be met with in a posthumous work of the late Mr. John Howard, surgeon to the Middlesex hospital, edited by Dr. Gower, physician to the same hospital.

which, by adding to the weight and thickness of the scab, will render it more liable to be displaced. To prevent the occurrence of this accident, all possible care should be taken. For this purpose, a thin metallic case may be worn over the breast affected, in order to secure it from any injury during the day, and from accidental pressure during the night. Such metallic case should be very thin; and it should be pierced with holes throughout, in order to diminish its weight, and to prevent the retention of the heated air between the breast and itself. It should of course make no pressure upon the scab.

If the height of the scab should render it very liable to be detached, small portions of it may be carefully removed from its upper surface by very gentle means; care being taken not to carry the removal of the dried matter too far.

The author hopes that he shall be excused for this digression from the subject of carcinoma recti. But as external diseases often throw much light on internal com-

plaints, as they are more the objects of the senses, he was led into it, not merely on its own account, but to illustrate a similar disease of parts which are less so.

No intermediate stage is met with between carcinoma and ulcerated carcinoma, when it occurs in internal parts; so that when once the inactive state is over, the active state immediately commences, and in many cases quickly destroys the patient.

In treating carcinomatous tumours, every thing should be avoided which can stimulate the diseased part, or increase the force of the circulation. If there should appear to be too great strength of the constitution, or too great vascular action in the part itself, these are to be subdued by the removal of blood from the region of the os sacrum, by cupping-glasses, or by leeches: this should never be omitted; and the operation may be repeated as often as the urgency of the symptoms may demand it. The lancet also may be used, if the symptoms should be violent, and the patient strong. Great attention

should likewise be paid to the state of the constitution; and we should be careful whilst pursuing those measures which diminish strength, not to produce the opposite danger of debility. There are very few constitutions which will not bear the loss of a small quantity of blood from small vessels; wherever therefore much pain is present, this should always be had recourse to.

If the hemorrhoidal veins should spontaneously bleed, this may supersede the necessity of taking away blood by artificial means.

Great attention should be paid to the state of the bowels, which should not be suffered to accumulate hard fæces; because in passing they will irritate the diseased part, and cause pain to the patient which might be avoided.

The purgatives adapted to this case are expressed oils, sulphur, and manna: whenever relief can be afforded by these means, they are to be preferred to all others; but if they

should not be sufficiently active, some senna may be joined with them, or some saline purgative may be taken separately. The objection to saline purgatives is, that they may irritate the mucous membrane. They have, however, the advantage of rendering the motions more fluid.

In whatever part a carcinomatous tumour may be situated, it will be right that the patient should live as much as possible upon vegetable food, it being less nutritious and less stimulating than animal food. It is especially proper when the disease attacks the rectum; such nourishment being most likely to pass readily through the bowels, and to keep them in that open state which is so much to be desired. Fermented liquors, distilled spirits, and spices, will be very injurious: they should therefore be avoided.

From the vicinity of the rectum to the vagina, this latter part should not be subjected to any cause of irritation. And if the patient should be married, she should be cautioned against sexual intercourse. If the

lower part of the rectum should be the seat of the disease, the sufferings of the woman upon these occasions would be alone sufficient to deter her from it.

If the bladder should become irritable, the immersion of the hips in tepid water will be found to afford relief. Opium, although so useful in relieving pain, should never be employed except when absolutely necessary, as a time may come when the patient may be indebted to it for all her comfort. It should not therefore be used before it is wanted. It is perhaps the most powerful of all the medicines in use for relieving pain ; and when the stomach has been long accustomed to it, will produce but little, and the other milder sedatives, no effect. It also renders the bowels more torpid.

The mucous discharge should by no means be restrained by the use of astringents ; because, if suffered to continue, it will retard the progress of the disease. If it should be hastily or incautiously checked, the symptoms will quickly increase, the pain will

become very violent, and the disease altogether very sensibly aggravated.

Tepid water may be thrown into the vagina several times a-day, with a female syringe, and the external parts may be frequently washed with it. This will prevent the discharges from becoming irritating, or excoriating the parts over which they run, and the neighbouring parts will be much soothed by it. The temperature of the water employed should be below that of the body.

When means have been employed to diminish the discharge from the vagina, it is not unusual for the patient immediately to observe an increase in the violence of the symptoms; and this remark leads sometimes to the knowledge of the state of the uterus, or of the neighbouring parts, which might otherwise have escaped observation.

The attention of the practitioner being called to the probability of the existence of some organic disease, he ought to satisfy himself by an examination. Perhaps the

disease may be out of reach, either by the rectum or the vagina, and the nature of the complaint may not be ascertained: yet, if upon a return to the use of astringent injections there should be an augmentation of pain, it will be prudent to act as if such disease was known to exist. By such conduct no harm can be done: from the reverse much mischief may ensue.

Women who do not manage the syringe dexterously, sometimes affirm that their complaints have increased after the employment of an injection, even when warm water only has been injected. In such cases it may reasonably be suspected, either that the instrument employed has been badly constructed, or that the woman has not used sufficient caution in the introduction of it. This should be inquired into; and the practitioner should instruct the patient in the best mode of using it, and not hastily give up a remedy which, if judiciously used, will add much to her comfort.

CHAPTER XIV.

CARCINOMA UTERI.

THE disease which has been last described as attacking the rectum, exists much more frequently in the uterus: and although, in the commencement, there will be marks distinguishing the two diseases from each other; yet in the latter stages both are attended by similar symptoms, both commit the same ravages upon the neighbouring parts, and both are equally fatal.

In Dr. Baillie's excellent work on Morbid Anatomy are given three plates: One containing two figures of scirrhus enlargement of the uterus, which disease sometimes acquires a very considerable size, so as to become as large as the uterus at the sixth month; and this (he says) is very little liable to ulcerate. The author has never met with a case in which ulceration has taken place in this kind of tumour: indeed, Dr. Baillie's

expression proves that this is very rare. A second, containing two figures of fleshy tubercle of the uterus: and the third plate containing three engravings of malignant ulcer of the uterus, which always begins at the cervix of the uterus, and which is very fatal.

The author means to include the hard tumour which arises from the cervix of the uterus, and the case where a hard thickening of the cervix of the uterus takes place, (both of which are disposed to ulcerate,) under the name of carcinoma uteri.

There is an ulceration of the os uteri of a distinct kind from that just mentioned, although equally fatal. This will be described in a future part of this work, under the head of purulent discharges, by the name of the corroding ulcer of the os uteri.

The cases described by Dr. Baillie under the title of Scirrhus Uteri and Tubercle of the Uterus, the author means to consider together, under that of the Fleshy Tubercle

of the Uterus; for the uterus in both has tubercles, either arising from its surface externally or internally, or imbedded in its substance. In both, few except mechanical symptoms, are present: in neither does ulceration take place. In both, the tubercles are found at a distance from the cervix of the uterus, and both sometimes continue for many years without producing much inconvenience.

The principal reason for classing the diseases in this way, is to enable a practitioner to know what to expect from the presence of certain symptoms and certain appearances, and to give such a prognostic as will be likely to be verified.

Carcinoma uteri is far more common than carcinoma recti, and cases of it occur very frequently in practice. Very young women are seldom the subjects of this disease; but it mostly attacks women of middle age, attended by symptoms which are not very violent at first, but which, as in cases of

carcinoma in other parts of the body, become more violent afterwards.

By carcinoma uteri is meant that disease where there is a tumour near to, or a thickening of, the cervix of the uterus, which tumour or thickening are disposed to ulcerate.

This disease attacks only, in the first instance, the cervix of the uterus. All other tumours, although hard in their texture (scirrhus as they have been called), are of a different character, have different symptoms and terminations. In the dead body they may have some resemblance to carcinoma, but they are never found ulcerated. Inflammation may take place in or near them, and matter may form; but when the first takes place, they suppurate from their centre, and not from their surface; and when they appear to ulcerate upon the surface, it will probably be found that the ulceration is confined to the parts in the immediate neighbourhood, upon which pressure has been made by the tumour itself.

Carcinoma particularly affects glandular parts; and the cervix of the uterus being the most glandular part of it, is probably the reason why it becomes more liable to this disease than any other part of this viscus.*

When carcinomatous tumours are cut through with a knife, they offer a good deal of resistance, and appear sometimes as hard as cartilage. The cut surface presents an appearance of white lines, which run pretty regularly with regard to each other, but the directions of which vary according to the shape of the tumour.†

Tumours with irregular surfaces are often liable to become active: but all tumours having unequal surfaces are not necessarily

* “Etsi cancer etiam ipsi uteri substantiæ accidere potest, tamen hoc rarius accidit, et vix tum satis cognoscitur, multo minus curatur; frequenter vero in cervice uteri generatur, quâpropter hoc loco de eo agemus: Isque nunc est sine ulcere, nunc exulceratus.”

Sennertus, lib. iv. de Morbis Mulierum, cap. 11.

† Vide Dr. Baillie's Morbid Anatomy.

of this kind ; and certainly are not, when distant from the cervix of the uterus. The fleshy tubercle of the uterus has not uncommonly a ragged surface ; but this tumour never ulcerates.

Tumours of a large size have frequently been called scirrhus, because they are hard in their texture ; but the true carcinoma seldom becomes very large. In the collection belonging to Dr. Clarke and the author there is a tumour of the uterus of a very hard structure, which weighed fourteen pounds :* but such tumours do not possess, even in their advanced stages, the character of cancer ; neither are they attended in their early state by the symptoms characterizing carcinoma, nor by those corresponding changes of structure in the neighbouring parts by which that disease is attended.

Two varieties of this disease are to be observed in the early stage.

* A section of this tumour is preserved in the Museum in Windmill-street.

1. There is a firm tumour, of a rounded form, springing from the surface of the cervix uteri, or imbedded in it, whilst the other parts of the uterus are perfectly healthy, except that its parietes are thickened as the disease advances, and that its cavity becomes larger than that of an healthy unimpregnated uterus.

2. Instead of any distinct tumour, the whole of the cervix of the uterus becomes larger and harder; and if this thickened part is examined by cutting into it, it puts on the same appearance which a regular carcinomatous tumour possesses.

The two cases proceed differently. In addition to the usual symptoms of carcinoma, there will sometimes be found in the first variety of the disease some mechanical symptoms, depending on the pressure made by the tumour upon the neighbouring parts; which symptoms will be more or less severe, according to the size and situation of the tumour itself.

In the second variety of the disease these symptoms do not exist ; because the carcinomatous thickening of the cervix uteri rarely acquires a sufficient size to produce them.

In women who live temperately the disease may continue for a long time without producing many symptoms, if any judgment can be formed from the cases of patients who apply for medical aid on account of symptoms under which they have not long laboured. On examination, there is often found in such women a considerable alteration in the structure of the parts, which most probably could not have happened in a short time.

There is reason to believe that carcinomatous tumours make a very rapid progress when any violence has been done to them, as the following case will shew. A woman, about the age of forty, fell into labour: the head of the child presented ; and little progress being made, a consultation was thought necessary, and the author was desired to see

her. Upon examination, the os uteri was found dilated to the size of a half-crown, the cervix of the uterus was greatly thickened in every part, and felt like cartilage; it was also very tender. Upon inquiry, it appeared that the woman had been liable, during the latter part of her pregnancy, to a profuse discharge of mucus, and to occasional attacks of pain in the lower part of the abdomen. Two days elapsed before the os uteri was completely dilated, and the dilatation was performed with greater pain than usual. The head of the child at length passed through it. After the labour, the pain and discharge were greatly increased, and the woman died in a few days. Upon examining the cavity of the abdomen after death, the body of the uterus was found contracted as much as it generally is at the same period of time after delivery; but the cervix was very much thickened, and had begun to ulcerate. The parts are preserved in the collection of the author. It is to be presumed, that the disease formed after the commencement of the pregnancy, and that it became more active

in consequence of the violence done to it in labour. Comparing this case with others in the progress of which occasional examinations are made, it is probable that it must have proceeded with great rapidity.

A sense of weight in the vagina is a symptom attending all tumours which are moveable in the pelvis, when they have become large. This, however, is so frequently felt on less important occasions, that unless it is accompanied by other symptoms, it is often disregarded.

A mucous discharge from the vagina is a very constant attendant upon the complaint; and by the local evacuation it in some measure checks the progress of it.

This mucous discharge is sometimes tinged with blood, and particularly when the patient indulges in eating and drinking, or where the food taken has been of a stimulating quality. If the woman uses much exercise, pure blood sometimes comes away, and in such large quantity as to

produce great weakness, and occasionally fainting. Generally whilst there are discharges of blood in moderate quantity, the tumour remains almost stationary, increasing little in size, and producing little or no uneasiness. The author has seen many instances of women, with a diseased uterus attended by distressing symptoms, who, after having been attacked by large bloody discharges, so as to make them faint, in any other than the horizontal posture, and to bring on general anasarca, have continued free from every symptom of the specific disease for many months. In some instances where the woman has died, it has been from weakness and the dropsical symptoms, and not from the symptoms belonging to the original disease. This is the reason why many cases of menorrhagia ending in dropsy are unmanageable; because they depend upon organic disease of the uterus, which is never perhaps known, or, if known, baffles the art of medicine.

In carcinoma uteri, if menstruation has not ceased, it becomes for the most part

irregular, and is more profuse than it ought to be.

The mechanical symptoms produced by tumours in the pelvis sometimes attend carcinoma; but the patient seldom suffers much from them, since the size of the carcinomatous tumour is not often great enough to cause them. Œdema of the lower extremities sometimes attends; but this is not generally the effect of pressure upon the trunks of the absorbents; for it does not appear until the frame has been much weakened by the long continuance of the disease, and the disposition to anasarca is general.

Difficulty of passing urine rarely occurs in this complaint; but strangury, arising from the consent between the uterus and the bladder, is seldom wanting. In some instances it accompanies the disease from the beginning, but in others it ushers in the symptoms which immediately precede the conversion of the disease into the state of ulceration.

The inner membrane of the bladder is found to secrete, in some cases, a larger quantity of transparent mucus, which comes away with the urine, and falls to the bottom of the urinal.

The seat and the course of the pain, resembling the passage of a calculus from the kidney to the bladder, have led to a mistaken idea of the disease; and in some instances the false opinion has been strengthened by another symptom which attends both diseases; namely, urticaria or nettlerash.

This disease of the skin originates in the presence of acid in the stomach and intestinal canal; and it may be produced by the food taken, by a want of tone in the stomach, a deficiency of the biliary secretion, or sympathy between the uterus and the stomach.

Cardialgia, or heartburn, arising from the same causes, becomes sometimes also very troublesome to the patient.

If the delicacy of the patient should prevent her mentioning the symptoms belonging to the sexual organs, if she objects to an examination, or if the practitioner is content to prescribe for the patient without ascertaining the nature of the disease, it is probable that the medicines will consist of alkalies, bitters, tonics, and aromatics: it is also likely that small doses of mercury may be given, to increase the biliary secretion. Such a mode of practice cannot fail to aggravate the symptoms, and to accelerate the progress of the disease, by increasing the activity and the strength of the circulation.

A woman, about thirty-five years of age, who had experienced for some time constant pain in her groins and a mucous discharge from the vagina, whose stomach was weak, and who was much distressed by hysterical symptoms, consulted a practitioner, who recommended that she should take five grains of *pilula hydrargyri* at bed-time, and twice in the course of the day a cupfull of chamomile

tea. She pursued this plan for more than a fortnight, at the end of which time she became worse ; the discharge increased, and the hysterical feelings were unabated. When the author was consulted, the seat of the disease induced him to make an examination, when there was found a thickened state of the cervix of the uterus, which was tender to the touch. A horizontal posture, the injection of tepid water into the vagina, and small doses of saline purgatives, after some time removed the complaints, which were only symptomatic of the disease of the uterus.

Even in the early stages of this disease the stomach will be liable to be, in some degree, affected ; though the more severe affections of this organ do not generally attack the patient till the ulcerating stage has commenced. The stomach is much more disposed to be affected in some cases than in others ; and a mild degree of the disease will strongly excite the sympathy of the stomach in one patient, whilst in another it will hardly be brought on by the most violent forms of

the disorder. As in hernia, so in carcinoma uteri, the sympathetic action is occasionally more distressing than the disease itself.

Upon an examination, if the disease should be carcinoma, the cervix of the uterus will either be found thickened, and with a resisting feel resembling that of gristle, or a distinct tumour will be perceived arising from some part of the cervix uteri, the other parts remaining healthy. In either case, pressure upon the diseased parts produces pain of a lancinating kind.

The os uteri will be found also to have undergone a change. It becomes larger than natural, still however retaining its original shape. This open or gaping state of the os uteri sometimes is sufficient to admit the extremity of a finger, which, when introduced into it, feels as if surrounded by a firm ring. The parts will sometimes have undergone all the changes of structure above related when no local symptoms have been apparent, and when the disease has only been ascertained by an examination, suggested by

the failure of remedies in relieving the supposed disease of the stomach or kidney.

It is unusual for patients to be cut off during the carcinomatous state of the disease: when, however, this does happen, it is from the excessive discharges of blood bringing on a dangerous degree of debility.

CHAPTER XV.

Treatment of Carcinoma Uteri.

IN the case of patients who labour under this disease, the objects contained in the last chapter are to be constantly kept in view.

There is a disease of importance in an internal part, producing symptoms, some of which are local, whilst others depend upon the sympathy between the part affected and parts at a distance. These symptoms are not all dangerous, but they are very distressing to the patient.

This local disease may remain stationary, or it may have its symptoms alleviated, so that the patient's life may be prolonged and her comforts increased ; or it may be converted into another form, in which the constitution may be affected, either by the absorption of matter, or by an extension of the disease to neighbouring parts, in which

case all the original symptoms will be aggravated, and many new and dangerous symptoms will be produced.

Much regard is likewise to be paid to the constitution of the patient in the management of this complaint. If the system is plethoric, some blood should be taken from the arm, the quantity being regulated by the circumstances existing at the time. This is done to diminish the force and the frequency of the circulation. Sennertus recommends bleeding in this case, but for another reason: "*Nimirum si sanguis simul peccat, is cum ex venâ in cubito, tum in crure et pede, apertâ evacuandus.*"—Sennertus, *de Uteri Scirrho et Cancro.*

Blood may also be taken away from the hypogastric region or from the loins, by cupping or by leeches; and from time to time, upon any increase of uneasiness, this operation should be resorted to; since the most watchful attention must be given to this disease, when it is proved to exist, as long as the woman lives.

The relief produced by topical blood-letting is great, and often immediately felt: blood is generally procured more easily when the cupping-glasses are applied to the back, than when they are placed upon the abdomen.

Purging is of essential service, and should never be omitted. For this purpose some saline purgatives should be chosen; as *magnesiæ sulphas*, *potassæ tartras*, *sodæ sulphas*, or *soda tartarizata*. Whichsoever of these may be employed, it should be dissolved in a large quantity of some watery menstruum; and by means of it a permanent increased secretion from the intestinal glands should be kept up.

When saline purgatives do not agree with the stomach, but excite vomiting, an additional quantity of acid may be given with them: thus, to a dose of sulphate of magnesia, eight or ten drops of diluted sulphuric acid may be added with advantage.*

* *Sodæ phosphas*, first recommended by Dr. George Pearson, (being nearly tasteless,) is a useful medicine in cases where other saline purgatives would be rejected.

No attempt should be made to stop the mucous discharge; but if it should be secreted in large quantity, it should be frequently washed away, by injecting tepid water into the vagina. The heat of the water should be accurately regulated: if it is employed too cold, the secretion from the parts will be greatly checked by it; and if too hot, increased action of the local vessels will be excited. The temperature may vary from eighty-six to ninety-four degrees of Fahrenheit, according to the sensations of the patient. The frequent ablution of the parts renders it less necessary for the woman to take any precautions for absorbing the discharge, which generally tend to heat the parts, and must be hurtful. The water should be injected by a female syringe several times in a day. If the woman continues to menstruate, the temperature of the water should be nearly that of the body at the periods of the discharge, lest it should be checked.

The woman should be clothed warmly: First, because if there is much blood upon the

surface, less will circulate in the interior of the body: and Secondly, because the chance of inflammatory action being produced, by any sudden change of temperature to which the body may be exposed, will be diminished, and the uterus will be less likely to suffer. Every day's experience presents instances of visceral diseases being produced by cold in the first instance; and many cases occur where this cause will reproduce the symptoms, after they have been for a considerable time quiescent.

All local stimuli should of course be avoided. The sexual intercourse must therefore be improper.

The necessity for abstemiousness in diet should be strongly inculcated: no animal food should be allowed; fish, however, is less objectionable than any other. No wine or spices should be mixed with the food, which should be as plain and as little heating as possible.

The quantity of the food taken should

be moderate ; lest, not being digested, it should disturb the functions of the alimentary canal, and become the cause of fever ; or lest, being digested, it should add to the quantity of blood, and improperly increase the vigour of the system.

It has been observed above, that urticaria is not an uncommon attendant upon this disease, from the sympathy between the uterus and the stomach. Whenever there is a disposition to this complaint, it will be increased by vegetable matter taken into the stomach.

Urticaria very often excites great irritation in the system, and increases the frequency of the pulse ; on both of which accounts measures should be taken to relieve it. External applications do no good : the author has seen sedative lotions used without any effect, and unctuous applications rather increase than diminish the irritation. All those internal medicines which have the character of cooling and allaying irritability, will be found to be injurious, or at least

inefficacious: such are nitre, saline draughts, antimony, saline purgatives, and opium.

The patient should by no means be kept in bed.

The mode of treating the case is to empty the bowels by a purgative of rhubarb, carbonate of magnesia, compound spirit of ammonia, and peppermint water. Afterwards, some light bitter infusion should be given, three times in twenty-four hours, as *infusum gentianæ comp.*, *infusum calumbæ*, or *infusum humuli*. To any of these may be added a few grains of subcarbonate of soda or of potash, and a drachm or two of some aromatic water.

If a constipated state of bowels should render any farther opening medicine necessary, some magnesia may be added to each draught.

Water containing supercarbonate of soda may be given as common beverage with great advantage. During the continuance of this

plan, the quality of the food must be a little changed. Very small quantities of animal food may be allowed once a day; and nothing should be taken into the stomach which is likely to run into the acetous fermentation.—The following case will shew the necessity of attending to the state of the stomach, in diseases of the uterus which are disposed to become active.

An unmarried lady, about thirty years of age, had an enlarged uterus, in which, at different times, inflammation had taken place, which was subdued by local bleeding, purging, abstemiousness, and quiet. Some time after she had pursued this plan in the country, she came to the house of her father in London, and was attacked with cardialgia and urticaria to a very great degree. The skin in many parts of the body was attacked by the latter disease, but especially the face and the lower part of the abdomen. Considerable itching was present, accompanied by irritability of the whole system. The disease of the uterus also, which had

been in a quiet state during several months, returned with great violence. Local bleedings in some degree lessened the pain: purging with neutral salts increased the urticaria. Nearly all vegetable food was abstained from: she took nothing but soda water and mint tea for beverage, with a little thin dry toast for food. Once in four hours a draught was exhibited, consisting of carbonate of magnesia, compound spirit of ammonia, and an infusion of dill seed. Under this plan all the symptoms subsided, and the uterine disease at that time gave no farther alarm.

For some months this lady continued well; but having at supper eaten freely of fruit pye, and drunk at the same time some sweet wine, the urticaria returned in the night, and with it the pain in the region of the uterus. Some bitter infusion, with rhubarb and volatile alkali, was now given, and soda water for common drink; and again all was put to rights. She now carefully avoids such food as is likely readily to ferment; and,

watching the first attack of heartburn, has not for some time been visited by her troublesome complaint.

If discharges of blood should take place, the patient should be kept in a horizontal posture, and the case should be attentively watched. If the quantity of the discharge should be moderate, it should be recollected that it is the effect of the increased action, and fulness of the vessels of the neighbouring parts, which may be carried off by it: it ought not therefore to be hastily checked. But if the quantity of blood lost should be so considerable as to be immediately hazardous, or to lay the foundation of future danger, it should be restrained by the usual means employed for the restriction of hemorrhage; such as the application of cold and local astringents to the parts.

In the management of carcinoma uteri, the observation and regulation of the discharges which come away in the course of it require great attention.

Iron has been recommended by some practitioners as a remedy for this disease; but the author has not seen any good effects produced by its use. In some hard scrofulous tumours, and also in some foul ulcerations of the skin supposed to be cancerous, it has been useful; but in carcinoma it is very doubtful whether its exhibition has ever been productive of advantage. When the author has given this medicine, or seen it exhibited by the direction of others, in cases of carcinoma, it has produced injurious effects, by increasing pain, and in some instances the quantity of bloody discharge: the preparations used were the *ferri carbonas*, *ferrum ammoniatum*, and the *tinctura ferri muriatis*.

In treating this disease, as no cure is known for it, the practitioner must be satisfied with palliatives, and not be anxious to restore the vigour of the body, which might aggravate the disease again.

CHAPTER XVI.

POLYPUS OF THE UTERUS.

IN the disease which is next to be considered, the symptoms are of a mixed kind; such as would be naturally expected to arise out of the circumstance of both the uterus and the vagina being affected by it. The uterus gives rise to the tumour, which descends into the vagina, and there excites irritation, as well as all the other inconveniences which an extraneous body placed in the same situation would produce. Polypous tumours have been known to arise from all the cavities of the body which have external openings, although some of these cavities are more liable to them than others. The most usual seat of polypous tumours is the cavity of the nostrils, where, before they have acquired a large size, they will greatly impede the respiration, and after some time they will cause a great alteration in the appearance of the face; for the cartilages of the nostrils will

be much distended, and sometimes the ossa nasi themselves displaced by them.

Polypus of the uterus is an insensible tumour attached to the internal part of this viscus by a small neck, forming a disease of a very important character.

These tumours are various, as to their appearance, shape, and degree of hardness. They are sometimes nearly white, at other times of a brown colour: they are sometimes very hard and resisting, in other cases so soft and yielding that they will not admit of the application of a ligature without breaking to pieces. Polypi of a hard kind will in some cases take on the form of the parts in which they lie: in the upper part of the nostrils, therefore, they are flattened; when they descend as far as the cartilaginous part of the nose, (less restraint being laid upon them,) their diameter is increased. In polypus of the uterus, the neck of the tumour, which is surrounded by the os uteri, is contracted; it spreads out below, because it has sufficient space for enlargement in the

yielding vagina.—In the preparation from which the engraving of this disease is taken, a longitudinal indentation may be observed, the effect probably of the pressure which the meatus urinarius made upon the anterior part of it.

The soft polypus is by no means so frequent as the hard kind. The following case will demonstrate its very yielding nature.

A woman between the age of sixty and seventy laboured under all the symptoms of polypus of the uterus; and upon examination a polypus in the vagina was detected, as large as a small orange, which, by the discharge occasioned by it, had produced great weakness. The operation was recommended, and was readily consented to. The author passed a ligature into the vagina by means of a brass rod; but upon attempting to carry it round the neck of the tumour, a small piece of the tumour came away. In different attempts the same thing happened. At length it was found to be impossible, from the tenderness of the tu-

mour, to apply the ligature. By means of a finger, the tumour was brought away from the vagina, and upon examination it had much the appearance and texture of the cerebellum.—The preparation is preserved in the author's collection.

Single and married women are subject to polypus of the uterus.

If a section is made of a polypous tumour, the appearance of the cut surface does not differ from that of the exterior of the tumour. When a polypous tumour has acquired such a size as to fill the cavity of the uterus, the os uteri begins to dilate, so as to permit the descent of the tumour into the larger cavity of the vagina below.—The author has in his possession a polypous tumour which resembles in size the cavity of the unimpregnated uterus (of course a very small one), which nevertheless produced symptoms of great uterine irritation. These went off upon the removal of the tumour by the finger.

A polypus sometimes increases in bulk very slowly. The author had opportunities, in the course of several weeks, of examining the polypus last mentioned, which during that period had received very little addition to its size. In some cases, the cavity of the uterus will be greatly distended by the tumour, before the dilatation of the os uteri takes place. The tumour in some instances becomes so large as to fill the cavity of the pelvis: it is generally of a rounded form; but sometimes it is elongated, or flattened. In one case which the author met with, the tumour was an inch and a half long, but the breadth of it did not exceed one-third of an inch.—The preparation is preserved.

Nothing certain is known respecting the cause of these tumours: they arise sometimes in women otherwise healthy, whose uterus has suffered no violence.

The symptoms which attend the disease are, first, a mucous discharge in considerable quantity, mixed at different times with blood; and in some instances the constitu-

tion becomes debilitated to an extreme degree by this symptom, before there is the least suspicion respecting the cause of it. Sometimes, instead of the mucous discharge being mixed with blood, large coagula of blood will be voided; and sometimes pieces of a ring-like form come away, produced by a small quantity of blood attaching itself to the surface of the tumour, and there coagulating; it at length slides off, and comes away. In other instances, the blood poured out becomes putrid in the vagina, and tinges the discharges of a brown colour, rendering them at the same time very offensive. This fœtor of the discharges induces in the mind of the patient, and sometimes of the practitioner, a belief that the disease is cancer; and this opinion is confirmed by the sickness which generally attends the disease.

The discharges from cancerous sores are fœtid, if great attention is not paid to cleanliness: but fœtor of the discharge is by no means peculiar to cancer; for whenever blood is retained and becomes putrid, this circum-

stance must attend: and if such rings of blood form upon the surface of polypous tumours, as have been alluded to above, there will be a difficulty in their sliding over the lower part of the tumour, because it is generally larger than the upper part, or that nearest to its neck. In this manner may be explained probably the reason why the discharges are so generally and necessarily offensive in this disease.*

A sense of pressure and of bearing down are also found in this complaint; and these symptoms are proportioned in degree to the size and weight of the tumour. Pain is likewise referred to the back and groins.

If the tumour should be large enough to fill the cavity of the pelvis, it may, by press-

* “ Quid tibi vis, mulier nigris dignissima barris ?

Munera cur mihi, quidve tabellas

Mittis, nec firmo juveni, neque naris obesæ ?

Namque sagacius unus odoror,

Polypus, an gravis hirsutis cubet hircus in alis,

Quam canis acer, ubi lateat sus.”

HOR. lib. v. Carm. 12.

ing upon the rectum and upon the meatus urinarius, prevent both the free evacuation of fæces and of urine. Such cases are, however, uncommon. It more frequently happens that strangury attends the complaint, from the sympathy between the os uteri and the bladder.

The sympathy between the stomach and the uterus is sometimes excited, and frequent vomitings distress the patient exceedingly.

Here then, from one cause, are three symptoms producing great weakness; an increased secretion of mucus, hemorrhage, and vomiting, with derangement of the digestive powers, by which alone the strength can be recruited.

But the true character of the disease can only be ascertained by an examination. This will discover an insensible tumour projecting through the os uteri, by which its neck is entirely encircled, so that the finger can be completely passed round it.

The only diseases which can be mistaken for polypus are an inverted uterus, and the cauliflower excrescence of the os uteri. The history of the case from its commencement, and the insensibility of polypus, will distinguish it from the first: besides which, unless the uterus is only partially inverted, (a very rare occurrence,) the tumour will not be encircled by the os uteri. The irregularity of the surface of the cauliflower excrescence, the circumstance of its originating from the substance of the os uteri, with a broad base, and not coming through it, and the watery discharge which attends this disease, will prevent the practitioner from confounding it with polypus.

There is, however, a tumour which has been looked upon and treated as polypus, which ought to be distinguished from it, on account of the prognostic to be given respecting its termination, and also because it does not admit of the same successful mode of treatment as polypus.

This disease consists of a tumour, which

is insensible, which has an unequal ragged surface, which comes down from the cavity of the uterus into the vagina, surrounded by the os uteri, and without a narrow neck.

Upon an accurate examination, this tumour is found to be made up of a number of irregular portions, which lie parallel with each other.

All the symptoms of polypus uteri attend this complaint, and at length will end in the destruction of the patient. In this disease the uterus undergoes a great degree of enlargement, and its muscular sides become greatly thickened; a change not usual in polypus, even when it is of a very large size.

In an exceedingly good work upon the subject of polypus of the uterus, written by M. Herbiniaux, a surgeon at Brussels, published in 1782,* an account is given of this disease, (which had been mentioned before by Levret,) in the *Mémoires de l'Académie*.†

* *Traité sur les Polypes de la Matrice.*

† “ Il naît quelquefois, tant dans la matrice que dans

Polypus of the uterus admits of cure only by means of an operation, which con-

le vagin, des excrescences que M. Levret appelle Vivaces, qui ne doivent pas être confondues avec les polypes, puisqu'elles ne sont recouvertes d'aucune membrane, et qu'elles n'ont qu'un pédicule imparfait. Ces sont des espèces de champignons plus ou moins gros qui naissent a des points variqueux ou ulcérés dans ces organes, et dont la cause primitive les rend ordinairement incurables. M. Levret dit même, que comme il est presque impossible de parvenir à en détruire la cause immédiate, c'est peine inutile de travailler à les retrancher. Je suis assez de cet avis; car quelques benignes qu'elles paroissent, on ne les a pas plutôt emportées par la ligature, qu'elles reviennent. Ces excrescences produisent peu de douleurs, et souvent aucunes; les écoulemens sanieux en sont médiocres; mais elles procurent des hémorragies fréquentes, qui tuent à la fin celles qui en sont affligées.

Cette espèce de tumeur ne vient pas seule, comme le polype utérin; il en naît ordinairement plusieurs à la fois, qui sont distribués en même temps quelquefois dans la matrice et dans la vagin. Ces dernières sont faciles à reconnoître par le toucher; mais on peut se méprendre facilement aux premières. Voici la meilleur methode, selon moi, pour les distinguer des polypes utérins. La tumeur est presque toujours dans la matrice, parceque son attache n'étant pas un pédicule, elle ne lui permet guere d'en sortir, surtout si elle naît aux environs du col de ce viscere. L'orifice de la matrice est plus ou moins ouvert, et la tumeur qui y réside intérieurement paroît au toucher

sists of the application of a ligature round the neck of the tumour. If the true nature of the disease is not ascertained by an examination, if the practitioner is content with treating symptoms, the patient becomes gradually weaker, and at length dies from want of skill in her medical attendant ; as no medicine can be exhibited with the least prospect of advantage.

In the author's notes, amongst several cases in which he has successfully performed the operation for polypus, four are related where the patients had been under the care of practitioners, who, without being at all acquainted with the complaint, prescribed for its effects. Two of the patients had tried blistering and bleeding ; one had taken mercury ; and all had undergone a variety of treatment in no respect adapted to the complaint which produced the mischief.

molle et moins unié qu'un polype. La matrice est si volumineuse qu'elle forme tumeur a l'hypogastre, et durant toute la maladie, cette tumeur exterieure est fort douloureuse, pendant que la Vivace, que l'on touche par l'orifice, ne l'est pas du tout.

The prognostic in cases of polypus of the uterus may generally be favourable, since the operation is not dangerous; and even where the debility induced is very considerable, the patient generally recovers. But this assertion applies only to the true polypus. The tumour which resembles it, and which has been described by Levret and by Herbiniaux by the name of "Vivace," although admitting of removal by the ligature, is disposed to return; other newly formed irregular portions shooting down into the vagina, and this with a rapidity of growth not belonging to polypus.

It is not here intended to prohibit the application of a ligature round such tumours: their size, and the inconveniences arising out of it, their disposition to become in part putrid, may render such removal advisable; but the patient should be prepared for disappointment, and the friends should be made fully aware of the essential difference between the two diseases.

Polypus of the uterus has been separated

in a few rare cases during the act of vomiting, and thus the disease has been cured without operation. Probably in these cases the polypous tumour has been pushed during the efforts of vomiting out of the os externum; and upon the retiring of the uterus, after the abdominal muscles have ceased to act upon it, the neck of the tumour has been broken. Such a favourable mode of cure is hardly to be expected; certainly not to be depended upon. Spontaneous vomiting may not arise, and it may be dangerous in a debilitated state of the patient to excite it by artificial means.

Previously to performing the operation, the rectum of the patient should be emptied by a glyster, or the intestinal canal may be cleared in its whole extent by a mild purgative. For a short time before the commencement of the operation, the patient should be kept in the upright posture, that the neck of the tumour may be more within reach.

As the tumour possesses different degrees

of convexity in different cases, and as the distance of its neck from the os externum is very various, the practitioner must be provided with two or three rods of different lengths, made of a flexible metal, so as to be capable of being adapted to the shape of the tumour. The author's brother, Dr. Clarke, has contrived a brass rod, which, being received into a hollow handle, is capable of having its length altered as each case may require; and by this means the multiplication of instruments is rendered unnecessary.

A silver canula, of a length sufficient to reach from the neck of the tumour to the distance of an inch or an inch and a half from the os externum, should be prepared; and near the extremity which is to hang out of the external parts there should be placed two small shoulders, round which the ends of the ligature may be twisted. A sort of windlass has been recommended for this purpose in the canula; but this is quite unnecessary, and renders the instrument more complicated.

The ligature should be made of waxed silk, of such a thickness, as neither to cut the neck of the tumour, nor to break, nor to block up the canula. In order to pass the ligature through the canula, a long piece of thin brass wire should be ready. This is absolutely necessary; because, when the ligature becomes slippery and pliable, it will not be possible to push it through the canula. The patient should be placed upon a bed. She should lie upon her left side, and her knees should be drawn up towards the abdomen. If the external parts should not be readily dilatable, they should be dilated. Afterwards the forefinger of the practitioner's left hand, (previously oiled,) is to be carried through the vagina to the neck of the tumour. The brass rod (previously prepared with the ligature, and its curvature adapted to the shape of the tumour) is now to be passed up by the right hand to that part of the neck of the tumour where the forefinger of the other hand is placed. The ligature is then to be secured by the finger, and the brass rod is to be carried carefully round the neck of the tu-

mour, till it comes to that part where the ligature was secured. The practitioner is now to secure also under his finger that part of the ligature which has been carried round the neck of the tumour, and the rod is to be carefully withdrawn. In some cases, it will be found more convenient to steady a part of the ligature with the rod, and to carry the other part of the ligature round the neck of the tumour with the finger. In doing this part of the operation, great care is to be taken not to include any part of the os uteri. Before the ligature is tightened, the patient is to be desired to inform the operator if she feels pain; because if the tumour only is included in the ligature, no pain will be felt.

The two extremities of the ligature which hang out of the os externum are now to be drawn through the canula, by the piece of wire (which had been previously doubled, and carried through the canula, so as to form a noose projecting from it), and after the canula has been gently passed up to the neck of the tumour, they are to be drawn

tight, and are then to be twisted round the shoulders of the canula, where they are to be made secure. The ligature, therefore, should be long enough to encircle the neck of the tumour, to be carried through the canula, and a sufficient length of it should remain to be affixed to the shoulders of it. More than one ligature should always be prepared, lest that which is first used should become too slippery to be managed.

After threading the eye of the rod, one extremity of the ligature is to be twisted once or twice round the instrument, whilst the other hangs loose. The patient should be made acquainted with the shape and the situation of the instrument which is to be left in the vagina, that it may not be liable to be moved when she gets up to make water. She is also to be desired to remain constantly upon her side, and should not be allowed to move from one side to the other, unless when the practitioner is present. For want of attention to this caution, there is reason to believe that the canula has been

inadvertently pressed against, and its extremity pushed through the uterus of the patient, so as to occasion her death.—In the engraving given of the polypus canula, there may be seen a contrivance, by means of which this accident may be prevented. The canula is made of the same diameter from the one end to the other, and a spiral screw is cut upon it. To this spiral screw is adapted another screw, placed in the centre of a kind of shield, which (when the ligatures are fastened) is to be placed in contact with the external parts. The shield in the plate is of a circular form; but in women who are corpulent it may be more convenient that its shape should be oval.

The patient is now to be left; and great care is to be taken by the nurse that the canula is not moved when the contents of the bladder are expelled.

Every day the practitioner is to examine the state of the ligature; and as often as it is found to be at all slack, it is to be tightened. The mode of tightening it requires

particular attention. If the canula should happen to be long, the practitioner should not hold the end of it whilst he tightens the ligature; lest with the force used the ligature should cut through the neck of the tumour, and the other extremity of the canula should be suddenly and forcibly pushed by the left hand against the internal parts of the woman. In order to avoid this accident, the canula should be firmly held close to the parts of the woman, which prevents the possibility of mischief being done. If the canula with a shield is employed, it is next to impossible that this accident should happen.

A syringefull of warm water should be thrown into the vagina every day when the ligature is tightened, in order to wash away the putrid discharge.

The time at which the ligature will come away, will depend upon the thickness and firmness of the neck of the tumour, and the tightness with which the ligature is at first applied. The neck of the tumour sometimes is cut through in four days; some-

times ten or twelve days will elapse between the application of the ligature and the removal of the tumour.

The neck of the tumour being destroyed, the tumour itself is to be brought away by the practitioner. This will be accomplished in some cases with ease, by one or two fingers introduced into the vagina. If the polypus is large, or the external parts contracted, a single blade of a pair of midwifery forceps, or a pair of stone forceps, may be used. If the size of the tumour should be such as not to be easily removed by these means, the crotchet may be fixed into it, and in this way it may be brought along. The palm of the hand should always be kept opposite to the beak of the instrument; so that if it should slip, the parts of the woman may not be injured by it.

The cavity of the vagina should afterwards be cleansed by injecting some tepid water, and this should be repeated for several days.

The mucous and bloody discharge seldom continue long after the extraction of the polypus; but if any should remain after a week or ten days, some astringent injection should be thrown into the vagina three or four times in a day.

As the ligature is applied round the neck of the tumour, a part of the latter may remain between the ligature and the uterus. In consequence of the application of the ligature, this part putrifies and comes away mixed with the discharges. In one case in which the author extracted a polypus from the uterus, he found that the os uteri had nearly recovered its natural size at the end of five days from the time at which the ligature came away; that at the end of fourteen days it was impossible to ascertain that any disease had existed in the parts; and upon the sixteenth day, the patient menstruated.

It has been recommended, after the application of the ligature, that the tumour should be cut off with the knife; but there does not appear to be any necessity for doing

this, particularly as no harm arises to the patient from suffering it to remain till it falls off.

It sometimes happens, that the ligature and the canula fall out of the vagina when the practitioner is not with the patient ; for which event she should be prepared, lest this occurrence should create alarm. Whenever this happens, it is clear that the neck of the tumour is destroyed.

The food of the patient should be simple, easy of digestion, and nutritious. If the bowels should be confined, a glyster of warm gruel may be thrown into the rectum. If the stomach should be irritable, a saline draught in a state of effervescence may be given, with a few drops of laudanum ; and if the patient should complain of pain from long confinement to the same posture, a sufficient dose of opium should be taken to procure rest.

The cause of the debility being removed, the patient generally quickly recovers her

strength; but as an auxiliary, a draught consisting of decoction of bark with sulphuric acid, may be taken three times in a day.

CHAPTER XVII.

FLESHY TUBERCLE OF THE UTERUS.

DR. WILLIAM HUNTER, who first described the true character of this disease, called it the Fleishy Tubercle. It is a hard, whitish tumour, sometimes nearly as firm as cartilage, situated sometimes upon the surface of the uterus, between the muscular and the peritonæal coat, sometimes projecting into the cavity of the uterus, and occasionally imbedded in its substance.

In some cases there is only one tumour; in others there are several. Their form differs very much: they are most commonly spherical or hemispherical, but sometimes they take on an irregular shape. When they project into the cavity of the uterus, their surface is smooth: the contrary is generally the case when they form upon the outer surface of the uterus, the tumour having a gra-

nulated appearance. These tumours are sometimes not larger than a pea; sometimes they weigh several pounds, and occupy a great part of the cavity of the abdomen.

In general, when the tumour is large, the texture is less firm than when it is of a smaller size. It appears to be composed of distinct parts, connected by a close cellular membrane, the diseased tumour itself being opake, and the connecting membrane more or less transparent. If coloured injection be thrown into the vessels of the uterus, so as to make the substance of the uterus quite red, none of it passes to the tumour of fleshy tubercle. In the collection of Mr. Abernethy, assistant surgeon to St. Bartholomew's Hospital, there is a very good preparation shewing this fact.

In examining a great number of preparations of this disease, the tumours were found to be situated at a distance from the cervix of the uterus. It sometimes happens that ossified parts are found in these tumours.

The fleshy tubercle of the uterus has been mistaken for hydrops ovarii and for pregnancy: the first is an error of little importance, as both of the diseases have few except mechanical symptoms; and neither interfere with life, unless by pressing upon parts in their neighbourhood: however, the cases by care may be generally distinguished. Although both tumours may be traced to the pelvis, and are circumscribed, the fleshy tubercle of the uterus is much more resisting than the cyst of an ovarian dropsy. In a dropsical ovary, fluctuation may be felt by striking the abdomen gently with the hand; but no such fluctuation is felt in fleshy tubercle of the uterus.

It is only in the early stages of fleshy tubercle of the uterus that it can be mistaken for pregnancy; because when the tumour of pregnancy rises above the brim of the pelvis, the motion of the child may be felt. The tumour of pregnancy after this time increases quickly; that of the fleshy tubercle slowly. The growth of the fleshy tubercle is always slow, having sometimes in

the course of several years increased very little in bulk. Besides, if the tumour should have been felt for a longer time than is allotted to the period of uterogestation in woman, this becomes another diagnostic.

In pregnancy the stomach becomes affected, and the breasts enlarge and are painful,—changes not occurring in tubercle of the uterus.

No dependence is to be placed upon the state of the menstruation; because in pregnancy coloured discharges occasionally take place, and in fleshy tubercle of the uterus the menstruation is sometimes wholly obstructed.

Fleshy tubercle of the uterus is by no means an uncommon disease, and it attacks women at all periods of life: however, the author has never met with or heard of an instance of its occurrence before the twentieth year of age. Married and unmarried women are alike liable to the disorder.

These tumours have no disposition to ulcerate, neither does suppuration take place in the substance of them. Inflammation sometimes attacks the neighbouring parts, and this may proceed to the formation of matter; but the tubercle remains the same.

The os uteri may at the same time be affected by the corroding ulcer; but this is independent of the tubercle, which may be at a considerable distance from it, and have no tendency to inflammation.

In many cases of this malady the appendages of the uterus are also found diseased; and it is by no means uncommon to find dropsical tumours of the ovaria, or of the broad ligaments, existing at the same time.*

Nothing is known respecting the cause of this disease.

* The author has several preparations shewing the co-existence of fleshy tubercle with dropsy of the ovary. He also possesses one preparation in which fleshy tubercle, the corroding ulcer, and dropsy of the ovary are conjoined.

An increased discharge of transparent mucus from the vagina attends many cases. The other symptoms are for the most part mechanical, such as would be produced by any other equally hard and large tumour in the same situation.

The early symptoms are, a frequent disposition to make water and to empty the rectum.

Retroversion of the uterus and suppression of urine may occur in this disease, and may last for a long time if the growth of the tumour should be slow.

Cramp in one or both of the lower extremities, œdema of one or both feet, are symptoms attending those cases where the sciatic nerve or trunks of the absorbents are pressed upon.

When the tumour becomes so large as to fill the cavity of the pelvis, there may be great difficulty in passing the fæces, and a total inability of emptying the bladder.

The weight of the tumour, and its pressure upon the parts at the lower aperture of the pelvis, will occasion a sense of bearing down; and this will not be so much relieved by the horizontal posture, as in simple cases of procidentia arising from relaxation: by degrees the tumour accommodates itself to the parts in which it lies.

If an examination be made, a hard, large, resisting tumour will be felt; but the os uteri will have undergone no change. It will not gape as in carcinoma, neither will the patient complain of pain when the tumour is pressed upon. The menstruation will be very variously affected; being sometimes regular, more frequently in increased quantity, or occurring with shorter intervals, and occasionally, though seldom, wholly obstructed.

The constitution is seldom affected; and when it is so, it is merely from the effects arising out of pressure made by the tumour upon other parts.

This disease does not appear to be influenced by medicines internally exhibited, or by external applications. If in the progress of it any symptoms should arise likely to interfere with the safety of the patient, they should be immediately attended to. Although no medicine can remove the tumour, there is reason to believe that these tumours have been spontaneously absorbed.

A lady had laboured for some time under a very profuse discharge of blood from the vagina. Upon an examination, a tumour, consisting of several irregular portions, was found descending into the vagina from the cavity of the uterus. A large tumour as big as a child's head could be felt through the parietes of the abdomen just above the pubis. Upon the surface of this tumour could be felt two smaller ones, one of which was of the size of a man's fist, and the other twice this size. A variety of means were employed for the relief of this case for about two years; upon examining the abdomen at the end of

this period, the tumours could not be discovered. At length the patient, worn out by pain and by discharge, died. Her body was examined in the presence of Sir Walter Farquhar, Mr. Chilver, and Dr. Clarke. The uterus was found as large as that of a woman at the end of the fifth month of pregnancy. Upon the anterior part of it, near the fundus, were found two small tumours as large as peas, which were probably the same tumours before felt, of the size above mentioned, as there was no other vestige of them. These tumours were of a hard and resisting nature, and were lying between the muscular part of the uterus and the peritonæum covering it.*

Cramp of the lower extremities in this disease may be diminished by certain changes of posture, which a knowledge of its causes will enable the practitioner to recommend. If the rectum should be filled with fæces, it should be emptied by glysters, assisted

* Vide a paper by Dr. Clarke, in the Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. iii.

by purgatives which produce watery stools. This being done, more room will be made for the enlarged tumour of the uterus, and less pressure will be made upon the nerves and absorbents.

If the hollow of the sacrum should be filled by the tumour, and the rectum be compressed, advantage may arise from the introduction of a finger into the rectum ; by means of which, assisted, if necessary, by another in the vagina, the tumour may be very gently pushed up above the projecting angle of the sacrum. If this should succeed, it will immediately relieve all the symptoms ; and the tumour, being once in the cavity of the abdomen, will probably no more descend into the pelvis.

The author has succeeded in effecting this in a lady who was incapable of making water in consequence of pressure made by the tumour upon the meatus urinarius. A catheter, which passed into the bladder with great difficulty before the attempt to push up the uterus was made, afterwards passed

into the bladder with so much ease that the nurse of the lady was enabled to introduce the instrument. This was done twice a-day till the bladder had regained its tone, which it had lost by being over-distended ; after which the patient was capable of making water herself.

Friction with liniments containing opium may be usefully employed in cases where much uneasiness is excited in the parts surrounding the tumour.

Above all things, the state of the bladder is to be attended to, and care should be taken to empty it by the catheter, if there should be retention of urine. A difficulty in making water is a much earlier symptom attending the disease than a difficulty of passing the fæces : therefore the practitioner should never fail to inquire into the quantity of urine voided even before any complaint is made of constipation. After the tumour has risen into the cavity of the abdomen, its pressure upon the upper part of the os pubis may produce a retention of

urine. In such cases the patient will be capable of voiding small quantities occasionally, if she lies upon her back with the pelvis raised a little from the bed.

Why inability of making water should come on before the woman becomes costive from pressure; and why, in some cases where the disease has acquired a large size, she never becomes costive at all; may be understood from considering the shape of the upper aperture of the female pelvis. It is of an oval form, and the long diameter is from side to side: consequently any tumour, the shape of which does not exactly correspond with this form, will (if it should be too large to enter the upper aperture of the pelvis) rest upon the upper and inner part of the os pubis, and the projecting angle of the sacrum. The sigmoid flexure of the colon terminating in the rectum, inclining towards the left side of the cavity of the pelvis, will thus lie secure from any pressure.

In drawing off the urine, the catheter should be curved very much before it is in-

troduced, and should be carried up with its concave side towards the os pubis ; otherwise it will not pass into the cavity of the bladder, which is made by the tumour to lie more forward than the symphysis pubis. If the catheter so curved will not pass readily, no violence should be used, lest it should break, or lest injury should be done to the urinary passage by it : but the forefinger should be introduced into the vagina, and the tumour should be so raised that room may be made for the passage of the instrument between it and the os pubis. For want of due attention to all these circumstances, many practitioners have failed in drawing off the urine, which will rarely happen otherwise.

A flexible catheter may be tried, if the practitioner cannot succeed with the common instrument ; and if by no means the urine can be drawn off, the bladder must be punctured. The author never saw or heard of such a case ; but it is nevertheless possible. It may be necessary, occasionally, to have recourse to those medicines which diminish

irritability ; but the proper moment for employing them, as well as the choice of that best adapted to the case, must be left to the discretion of the practitioner. Hyoscyamus may be considered in such cases a very valuable medicine ; as although its sedative powers are not very great, they will generally be sufficient for the purpose, and the medicine produces none of the astringent effects of the poppy tribe. Here it becomes necessary to caution the practitioner not to mistake the symptoms of peritonæal inflammation (which sometimes, though rarely, arise), for symptoms of irritation. If peritonæal inflammation should be produced in the progress of the disease, it will be marked by the constant acute pain, increased by the pressure of the hand or by breathing ; by a creamy whiteness of the tongue, which is nevertheless moist ; by intense thirst ; by a small, frequent, and sometimes hard pulse ; and sometimes, but not always, by vomiting. The great remedy for this case is bleeding, which ought to be immediately performed. The blood should be taken from a large orifice in large quantity ; and

the operation should be repeated again and again if necessary. The bowels being once emptied, the patient should take some medicine which will be likely to diffuse the circulation, to determine to the skin, and to allay irritation; such as small doses of antimonials with opium; or the pulvis ipecacuanhæ compos. may be taken, in the dose of four or five grains, in the form of a pill (lest it should increase the sickness), once in four or five hours, swallowing afterwards a saline draught made with lemon juice and vegetable alkali. If the bowels should in the course of the disease require any farther opening medicine, the mildest should be chosen, or perhaps glysters only employed. The drink should be barley water. Fomentations, the hip bath, local bleeding, may also be called into use, if the symptoms should make them necessary.

CHAPTER XVIII.

Verrucæ, or Warty Tumours, arising from the Vestibulum.

WARTY tumours not uncommonly form in the vestibulum, of various sizes. When they are large or numerous, they will be attended by a mucous discharge from the vagina, proportionate to the number, size, and situation of them.

These tumours are for the most part insensible, and pressure made upon them causes little or no uneasiness. They seldom possess any regularity of appearance; but each warty tumour looks as if a number of small parts were connected so as to make up one large tumour. Their colour generally resembles that of the part upon which they grow; so that when situated on the labia, their colour will be lighter than when they arise higher up, as upon the vestibulum, or amongst the carunculæ myrtiformes. In

such situations they are generally of a flesh-colour, or inclining to red ; but when any part of them is exposed, they appear of the colour of the external skin.

The labia, the nymphæ, the vestibulum, and the carunculæ myrtiformes, are liable to these excrescences ; from which, however, they may be readily distinguished. The number of these tumours varies very much : sometimes they are solitary, whilst in other instances they are so numerous as to occupy the whole of the vestibulum, and their growth is often very rapid. It is not unusual for tumours of this kind to arise in parts which have recently been the seat of chancres, particularly when mercury has not been employed in sufficient quantity to destroy the venereal poison ; and chancres themselves, instead of healing and leaving a smooth surface, sometimes terminate in a thickened state of the cuticle, from which warts arise. It is not necessary to the formation of these tumours, that the part should have been the seat of any syphylitic

complaint, for they may arise in parts which have never been so affected.

The attention of the patient is for the most part called to the disease by a mucous discharge, or by the application of the hand to the part to allay the irritation which the excrescence will produce upon the opposite side of the vestibulum ; and in doing this the tumours are discovered. The irritation in this case is often extreme.

The mode of treating the disease must be varied, according to the circumstances of their cause, situation, number, and mode of attachment. If there should not be more than two or three warty tumours, and these seated upon the labia, and if they should adhere by a narrow neck, a ligature of waxed silk may be tied round each of them, sufficiently tight to interrupt the circulation through them: the ends of the ligature may then be cut off close to the neck of the tumour, and it will drop off in a few days. If they should be more numerous, they may

be cut off with a pair of scissars, and the bleeding may be restrained by touching the surface with argenti nitras. Perhaps this latter mode of treatment is the best in all cases where the carunculæ myrtiformes are the seat of the disease; as the ligature, if the tumours are large, may excite spreading inflammation in the vagina.

If the warty tumours are very numerous, and lie very close to each other, the most ready and the least painful way of extirpating them is to include the skin on which they grow in the grasp of a pair of scissars, and by one stroke of the instrument to take them off. The pain attending this operation is momentary, and must be much less than where each excrescence is removed singly. Any common dressing may be applied to the sore, which generally heals quickly: the tumours, however, sometimes shoot up again.

Inflammation taking place in the neighbouring parts will sometimes remove these warts without any application being made

to them. Upon this principle, stimulating applications of various kinds are useful ; and in that form of the complaint where there is a general warty disposition of the labia, the application of such stimulants is to be preferred to every other mode of treatment. Amongst such applications may be reckoned, a solution of argenti nitras, hydrargyri murias, cupri sulphas, or ammoniæ carbonas. Either of these may be applied by means of a piece of lint, which may be occasionally wetted and laid upon the parts. A powder composed of equal parts of pulvis sabinæ and cupri sulphas, may also be sprinkled upon the parts with considerable advantage.

In the use of all these applications care should be taken to regulate their strength properly ; and it is better that the absorbents should be very slightly stimulated, than that any injury should be done to the parts by too violent applications.

If the tumours should be connected with syphilis, mercury must be employed ; and

it is particularly recommended, that in the management of chancres the use of mercury should not be discontinued till the whole of the thickening left by them is removed.

The mucous discharge, and the itching connected with this disease, will cease upon the removal of its cause: if it should not, washing the parts very profusely and frequently with the coldest water, will be generally sufficient to stop it.

CHAPTER XIX.

Vascular Tumour of the Orifice of the Meatus Urinarius.

THIS disease, although an excrescence from the parts, deserves particular notice in this place; both on account of the alarm which it creates, and the great pain attending it, and also because it differs from the preceding case.

Like the warty tumour already described, this disease is attended by a mucous discharge.

There is in most women a degree of projection round the orifice of the meatus urinarius; and from this part sometimes the tumour arises, to which the above name of the vascular tumour of the meatus urinarius has been applied. The texture of this tumour is seldom firm: it is of a florid scarlet colour, resembling arterial blood; and if

violence is offered to it, blood of the same colour is effused: its surface is somewhat granulated. It is exquisitely tender to the touch; and if an accurate examination is made, it appears to shoot from the inside of the urethra. It seldom acquires a large size. Upon separating the labia and the nymphæ, the excrescence is immediately exposed. Its attachment is so slight, and it is so moveable, that it appears almost like a detached body lying upon the parts.

The disease is common to the single and married woman. In all the instances which the author has met with, the patients have been under the middle age, and they have been chiefly in young women.

The disease is not of common occurrence: the author has, however, very lately seen three cases of it. One was in a young woman who had been married three months, and was pregnant: in this case the pain was so intense, from the sensibility of the tumour, that the patient could not bear any intercourse with her husband. Another

case occurred in a young single woman of a full habit, in whom all the symptoms of puberty were present at an early age. The third case was in a young woman who had recently been delivered, and who was living very profligately. An exquisite degree of tenderness of the part is a constant symptom of the disease. This tenderness is confined to the tumour itself, and does not extend to the neighbouring parts.

Instances sometimes occur of great pain and tenderness to the touch in the region of the meatus urinarius, accompanied by a thickening of the part; so that if the finger is passed into the vagina, considerable uneasiness is produced: but upon exposing the parts, no disease is visible. This also is attended by a mucous discharge. How far such a symptom may render it probable that this disease is going on in the cavity of the urethra, it may be difficult to determine. In a patient under the care of Sir James Earle, in St. Bartholomew's Hospital, this symptom was present; and upon exposing the parts, a tumour of a scarlet colour, near-

ly filling up the orifice of the urethra, was brought into view. In such cases, relief is obtained by the introduction of a large bougie, and suffering it to remain in the urethra for some time.

Patients labouring under the vascular tumour of the meatus urinarius experience sometimes great pain in making water; most probably from the pressure of the fluid upon the tumour, and the impediment which it may offer to the passage of it. The author has never known or heard of a case in which it was necessary to draw off the urine with a catheter.

The vascular tumour of the meatus urinarius requires removal by a ligature, or by the scissars and caustic. The ligature is to be preferred, as the tumour is less likely to return than when other means are employed.

The ligature employed should always be so thick as to press upon a large surface, and it should never be drawn so tight as to cut

through the neck at once. The intention of the ligature is to destroy the life of the tumour, and to cause the absorbents to throw it off as an extraneous body. This may be effected in twenty-four hours; and the operation being thus concluded, the tumour may not return. Notwithstanding all the care of the practitioner, the parts will sometimes give rise to the reproduction of the disease.

If, however, the neck of the tumour should be cut through in the application of the ligature, or if the scissars should be employed, the tumour will be especially likely to regenerate. Whenever the tumour is removed by the scissars, the part from which it arose should be touched with caustic, and the potassa cum calce, applied once lightly, will be more efficacious than repeated applications of argenti nitras. A piece of lint should be laid upon the part afterwards, and the patient should remain for a few hours in a state of rest. If there should appear any disposition in the disease to return, the timely use of the potassa cum calce will prevent its increase.

CHAPTER XX.

A Thickening of the Cellular Membrane surrounding the Urethra throughout its whole Extent, accompanied by a varicose State of the Vessels of the Part.

THE existence of this disease is ascertained sometimes by pain and difficulty in the sexual intercourse; but in many cases the constant uneasiness experienced by the woman leads to the knowledge of it. On examination, a bulbous tumour will be found situated behind the pubis; and if much pressure is made upon it, pain will be produced, but not of a severe kind.

A mucous discharge always attends this disease, secreted probably in part by the membrane of the urethra, and in part by that which lines the vagina.

If the parts are exposed, and the patient presses down, the diseased part will be brought into view, putting on the appear-

ance of a tumour, but which is nothing else than a thickening of the urinary passage. On the surface of this thickened part blood vessels ramify, of a size large enough to admit of being opened by the point of a lancet.

When the patient is in an erect posture, the size of these vessels increases, and she complains of a sense of fulness in the parts : when she lies down, the vessels carry less blood, and the sensation of fulness is diminished. If pressure is made upon the part, the swelling and redness subside for a time, but both return directly upon the pressure being discontinued. Sometimes a pouch forms in the posterior part of the urethra, in which a few drops of urine lodge, and from which situation it may be pressed out by the finger applied to the part. If a catheter is introduced into the urethra, it may be carried backwards to the part where this lodgement of urine is found. Upon this cause depends perhaps one of the most troublesome symptoms of the disease,—a frequent desire to make water, both in the night and

during the day, so as to interfere with the patient's rest. When the disease is removed, this symptom subsides. In a case of this kind, which the author attended with the late Dr. Reynolds, the general health of the patient suffered exceedingly; and this was thought to be greatly owing to the disturbed state of rest. In another case of the same kind, which Dr. Bain and the author attended, this circumstance was very distressing; but the chief symptom was a great degree of soreness of the membrane covering the tumour, which symptom does not generally occur in the disease. This soreness was explained by an attentive examination: The mucous membrane covering the tumour had become very thin and shining; and upon the least oblique pressure being applied, it wrinkled and peeled off, leaving the parts below exposed.

The disease occurs principally in married women who have had children; and the cases which the author has seen of this disease, as well as of that treated of in the preceding chapter, have been chiefly in women with red or light auburn hair and fair complexions.

The disease seems to consist of an enlargement of the blood vessels of the part; because when the vessels are emptied of their contents, the size of the tumour diminishes. Judging from the colour of the tumour, there is reason to believe that the enlarged vessels are principally veins.

Warm applications (although they may afford temporary relief) will be found eventually to increase the complaint, as they produce a greater relaxation of the blood vessels of the part.

The most speedy and effectual mode of relieving the patient is by emptying the vessels, either by puncturing them with a lancet, or by the application of leeches: either may be employed, according to circumstances. The size of the vessels and of the whole tumour will be diminished by these means, and its colour will be changed from a deep red to the proper colour of the part.

The fulness of the vessels being removed,

lotions composed of solutions of lead may be applied cold to the parts, and these should be changed as often as they become warm. After a day or two, weak solutions of muriate of ammonia or of sulphate of zinc may be used: at first, the openings made by the leeches or by the lancet would be inflamed by them. Pressure is serviceable, and may be applied either by introducing a piece of wax candle, or a small roll of linen which may be previously dipped in the lotion.

It may be necessary to repeat the bleeding from time to time, if the symptoms should continue, or if having subsided they should return. The bowels of the patient should be kept in a relaxed state by some mild saline purgative, and the food of the patient should consist principally of vegetables. The horizontal posture should always be enjoined.

CHAPTER XXI.

On the Transparent Mucous Discharge from the Vagina, not accompanied by any Alteration of Structure of the Sexual Organs.

THIS part of the subject includes two very distinct and dissimilar cases; whether the cause be considered, the symptoms, or the treatment. The first is that which originates from, and is accompanied by, increased action of the vessels of the parts. The second, that which arises from debility: in which latter case, the former may terminate.

The case of transparent mucous discharge from the vagina attended by weakness, more frequently occurs than that which is accompanied with increased action; because many cases of the latter kind terminate in the former. A separate consideration will be given to each case.

ON TRANSPARENT MUCOUS DISCHARGE
FROM THE VAGINA, ARISING FROM
INCREASED ACTION OF THE VESSELS.

Women of naturally plethoric habits, who possess great strength of constitution, are more liable to profuse secretions from these parts than women of ordinary strength. This fact may be ascertained in investigating the complaints of such women, although the quantity of the discharge is rarely so considerable as to induce the patient to make it the subject of particular complaint; there is, however, a state of the system in which such discharges are so very profuse as to demand attention. Women who in the middle of life indulge much in the pleasures of the table, (particularly if they drink too freely of wine or spirits,) whose habits of life are sedentary, and who take very little exercise in the open air, are liable to become suddenly corpulent. They form a larger quantity of blood, as may be known by attending to the blood vessels. The pulse becomes full, and the superficial vessels,

which were hardly visible before, become in different parts of the body so large as to be easily traced by the naked eye. This may be remarked upon the cheeks. Such women are generally weak, although they may have the appearance of strength ; they can take very little exercise without fatigue, and are overcome by a very moderate degree of exertion ; the habits which at one time were sedentary by choice, become so now from necessity ; for the woman neither possesses energy enough to exert herself, nor, if she has the inclination, can she indulge it, from the inconveniences attending such exertion.

In many of these cases a slow enlargement of the liver takes place, which may be felt by applying the hand to the side. Generally a very small quantity of bile is mixed with the stools ; and sometimes these become not only of a clay colour, but perfectly white. The fœtor of these stools is usually greater than that of stools in general, and it resembles more the smell of putrefaction than that of fæces. As the quantity of bile which passes into the bowels becomes smaller, the woman

becomes more and more constipated, and the obesity increases. The vaginal discharge increases in quantity, the fluid of menstruation also is secreted more plentifully, and the intervals between the periods are generally shorter than natural : and these symptoms for the most part lead the patient to apply for professional advice. Upon inquiry it will be found, that fits of giddiness and of sleepiness have attacked the woman; that there has been pain in the head, perhaps indistinct vision, such as a waving appearance when the eyes are open, or a sensation of sparks when they are closed. These symptoms are sometimes relieved by spontaneous bleeding from the nose. In this way the case proceeds, in some instances disregarded by the woman, until the urgency of the symptoms demands attention.

Many years may elapse before any danger is apprehended ; and then all at once the woman may be attacked by a fit of apoplexy, or some great internal hemorrhage, which may quickly destroy her ; or she may gradually become weaker and dropsical, and at length

die. The symptoms will be diminished after each period of menstruation. The mucous discharge probably is, in some degree, useful: hence, if a check be given to it without employing any means of unloading the blood vessels, the violence of the symptoms generally increases.

The author has examined the bodies of women whom he has seen during life with such symptoms as have been described. He has found the uterus somewhat, but very little, enlarged, and the liver sometimes increased to more than twice its natural size. It has been uniformly harder than a healthy liver, but there have not been any particular parts of the viscus more diseased than the rest: upon cutting into its substance, it has commonly appeared remarkably yellow.

The objects in the treatment of this case are, to unload the vessels, by removing at once a large quantity of blood; to prevent its too quick formation in future; to restore, if possible, the liver to a healthy state: afterwards, to moderate the vaginal discharge, or

to diminish the inconveniences attending its continuance: and, lastly, to lay down proper rules for the patient's conduct, in order to prevent a return of the symptoms.

If any local symptoms, arising from fullness, should be present, the blood should be taken from the neighbourhood of the affected part, by scarifications, and cupping-glasses applied between the shoulders, to the lower part of the abdomen, to the loins, or to the region of the liver, when there is reason to suppose it affected. If no such symptoms should be present, the lancet may be used. Small quantities of saline purgatives, given three or four times a-day, eminently relieve, by increasing the secretion from the mucous glands of the intestines, and also by stimulating the extremities of the biliary ducts in the duodenum, so that a larger quantity of bile may be poured out by them. Whilst this plan is pursued, the diet of the patient should be regulated. She should live chiefly upon fruits, vegetables, and light puddings. By slow degrees, the quantity of exercise

may be increased, till at length it can be taken so as to counterbalance any disposition which there may be to form too large a quantity of blood.

The patient should be prohibited from taking fermented liquors and spirits. If the functions of the stomach should have been much impaired, by being long accustomed to stimulants, it may not be proper to withdraw them altogether: but even here, spices, the aromatic seeds, and volatile alkali, will supersede the use of ardent spirits.

Until the plethoric state of the system shall have been removed, tepid water alone may be thrown into the vagina; but when the symptoms arising from this state have subsided, a weak solution of sulphate of zinc may be injected into the vagina several times in a day.

Local increased action may become the cause of the disease. Frequent sexual intercourse may give rise to this case, which is

therefore very frequently met with in women of dissolute lives. This case may occur either in weak or in plethoric habits.

Women who have frequently miscarried, or who have borne many children, are more liable to the complaint than women who have not been pregnant.

Where inflammation of a common or specific kind has attacked the mucous membrane of the vagina, and purulent secretion has long existed, when this inflammation subsides, the matter secreted becomes gradually less yellow and more tenacious, and at length is found to be merely mucus. This case is sometimes very difficult of cure.

In the treatment of the case of discharge of transparent mucus from the vagina, produced by increased action of the vessels of the parts alone, local remedies will be principally required. These should consist of the application of leeches or of cupping-glasses, (the parts being also scarified,) to the lower

part of the abdomen, or to the back ; and it may be necessary to repeat this operation.

The bowels should be kept in a relaxed state, by the exhibition of manna, castor oil, or some other mild purgative.

The food of the patient should be of the most simple kind, all salted and high-seasoned meats and spices being very improper. Whatever tends to irritate the sexual organs will keep up the disease: all sexual communication should therefore be omitted.

The external parts may be frequently washed with cold water, and solutions of superacetate of lead may be injected by means of a female syringe into the vagina.*

* Dr. Latham informed the author that he had seen several cases of discharge from the vagina, where the use of this application had been productive of more benefit than any other ; and the author believes that these have been principally cases arising from increased action of the vessels of the sexual organs, as in many other cases of local increased action this remedy is known to be eminently serviceable.

When the secretion of mucus continues after the local increased action has been allayed, astringent injections will be advantageously employed.

CHAPTER XXII.

*On the Case of Transparent Mucous Discharge
depending upon Debility.*

THAT women whose vagina has lost its tone become liable to this disease, has been before remarked in that part of this work where some general observations upon the nature of vaginal discharge were made. Whatever tends to produce debility of the system may lay the foundation of this complaint; such as long diseases, profuse hemorrhages, or anxiety of mind.

Women who live in a moist atmosphere, who keep bad hours, who spend much of their time in bed, or who inhabit hot rooms, (being generally weak women, and having a relaxed vagina,) will be apt to be affected by the complaint.

It sometimes arises in women who suckle

their children for too long a time, and it will often subside spontaneously upon the child being weaned.

The quantity of discharge, and also its consistence, is very various in different cases. It sometimes comes away in a liquid form ; at other times it is ropy.

A pain in the back attends many cases of the disease. This symptom is, however, frequently found where great debility of the system is present.

The continued drain from the system increases the original weakness ; and the quantity of blood remaining is by degrees so much reduced, that the surface of the body becomes every day paler, till at length the cutaneous vessels are completely emptied of their contents, and at this time the skin assumes an appearance resembling that of a dead body. The colour of the sebaceous glands of the skin is evident through the cuticle ; so that to the paleness of the skin

is superadded an appearance of yellowness, which is not the effect of absorption of bile, for the urine will be found clear and colourless, and the tunica sclerotica of the eye will retain its pearl-coloured appearance. The exact balance between the secreting arteries and the absorbents being destroyed, the cellular membrane becomes filled with fluid, and the integuments acquire a doughy look and feel. This fluid effused pervades the cells of the cellular membrane throughout the body; the legs and feet swell towards night, and in the morning this swelling subsides, and the face becomes puffed; a shortness of breathing succeeds, which is increased by the horizontal posture, and is rendered most distressing when the patient is going up an ascent, or endeavours to read aloud. Violent palpitations of the heart occasionally give the woman great uneasiness; and this symptom sometimes increases to so considerable a degree, that the action of the heart may be heard by a bystander. During the continuance of these palpitations, the patient becomes very

faint, and often considers herself to be dying.*

The circulation in the extremities is very languid, and the hands and feet are almost always cold; the pulse is feeble, sometimes very quick. The digestive organs not only partake of the general debility, but have more than their proportion of weakness. The appetite for food is lost; the power of digestion is diminished; and from the spontaneous changes which the food undergoes in its passage through the stomach and intestines, the patient becomes much annoyed by flatulence.

Bile is secreted very irregularly, and sometimes this secretion is suspended. Costive-

* The symptoms attending this case of vaginal discharge are admirably described by Hippocrates.

“Οδυνη εχει την νειαιρην γαστερα και τας ιξυας και τας κενεωνας. Και οιδηματα των τε σκελεων και των χειρων, και τα κοιλα αιρεται· και οι οφθαλμοι ιχθροι, και η χρονη ικτερωδης, και λευκη γινεται· και οκοταν πορευηται ασθμαινει.”

Περι γυναικειης φυσιος.

ness is a general attendant on this state of disease.—In the farther progress of the case, hectic fever comes on, the difficulty of breathing becomes more extreme, and the patient dies with the symptoms of water in the chest. Although these symptoms are of the most formidable kind, and threaten the life of the patient, they frequently yield to the employment of proper means, which must be directed with skill, pursued with energy, and continued with patience.

The first care of the practitioner should be to remove, if possible, the causes of the disease. If the patient has been living in a moist unhealthy situation, she should be removed to one which is more dry and salubrious: without attention to this very important circumstance, all the resources of art will be useless.

It has been stated, upon good authority, that the disease is frequent in Holland, and that it is epidemic in wet autumns.—The author has repeatedly seen the complaint

attended by the worst symptoms in women who live in damp situations, and in the crowded parts of London, in whom they have quickly disappeared upon a removal to a more healthy spot. The woman should neither be permitted to breathe a confined air. When the weather permits, she should go out; and the apartments in which she lives and sleeps should be large and well ventilated. Her habits of life should be regular. She should rise betimes in the morning, and retire to rest early in the evening. If she is too weak to sit up during the whole of the day, a sofa is to be preferred to a bed.

Persons who are very weak are much disposed to sleep. This prevents that exhaustion of the powers of the frame which would otherwise take place. Exercise proportioned to the strength and to the means of the patient should be recommended: when the weather permits, it should be taken in the open air. Exercise in an easy carriage is preferable to walking, and that taken on horseback to both. The chamber-horse or elastic

plank may be employed when exercise out of doors cannot be used.

The food should be of the lightest kind, such as animal broths and jellies, vegetable jellies, bread properly fermented and well baked. It will be better that the patient should not eat solid animal food until the powers of the stomach are in some degree restored, lest fever should be excited by it. When the powers of the digestive organs become more vigorous, recourse may be had to animal food, which should be taken in small quantities, once only in the twenty-four hours, and in the middle of the day. Tender meats and such as will not be likely to disagree with the stomach should be selected. Wine, either pure or mixed with water, as may best suit the palate or the stomach, may be allowed in moderate quantities. All wines which have not undergone a complete fermentation will give occasion to flatulency, and are therefore improper.

The medical treatment is to consist of

the employment of means to invigorate the stomach and the constitution, and to restrain the vaginal discharge, which, as long as it continues, must increase the debility.

If steel and the other metallic tonics are exhibited in the first instance, they will either be rejected, or they will increase the frequency of the pulse and the general heat of the body; and thus by wearing out its powers, exhaust that strength which they were intended to augment.

Instead of this plan the patient should take, two or three times in the day, a draught of infusion of calumba or some other light bitter, with the addition of a few grains of carbonate of ammonia.

At the end of two or three weeks, it is to be expected that the stomach will have received an increase of strength; and then, instead of the volatile alkali, fifteen or twenty drops of tincture of muriate of iron, or of ammoniated iron, may be added to the draught.

Sulphuric acid is a useful tonic in these cases, and may be given in an infusion or decoction of bark.

A mixture of myrrh, steel, and alkali, with some aromatic water in some cases where the stomach will bear it, becomes a valuable remedy.

Under a continuance of these or similar means, the patient's health will be gradually re-established.

Care is to be taken to regulate the functions of the bowels, until they have acquired sufficient strength to carry down their contents without assistance: for this purpose the *pilula ex alöe cum myrrhâ*, or the *pil. gambog. compos.* of the last Pharmacopœia are well enough adapted.

It is advantageous in some cases, where the biliary secretion is sluggish, to exhibit occasionally a few grains of *pil. hydrarg.* at bed-time; and in the morning following a rhubarb draught.—The strengthening reme-

dies will produce a better effect when this is attended to than when it is omitted.

A solution of sulphate of zinc or of alum may be thrown into the vagina by a syringe, three or four times a day; and if these should not be sufficiently powerful, such injections must be employed as possess a greater degree of astringency.

Cold sea-bathing will be found very useful, when no symptoms are present forbidding it: the system, however, should have first rallied a little. Those patients who cannot bear the shock of a cold bath, will occasionally derive great advantage from a shower-bath.—The temperature of the water may be raised to sixty or seventy degrees, if the cold water does not agree with the patient.

CHAPTER I. OF THE DISCOVERY OF AMERICA.

IN THE YEAR 1492, CHRISTOPHER COLUMBUS, an Italian, discovered the continent of America, in the name of the King and Queen of Spain. He sailed from Spain on the 3d of September, and after a voyage of 33 days, he discovered the island of San Salvador, on the 12th of October. He then sailed on to the continent, and discovered the bay of San Pedro de Mucos, on the 14th of October. He then sailed on to the continent, and discovered the bay of San Pedro de Mucos, on the 14th of October.

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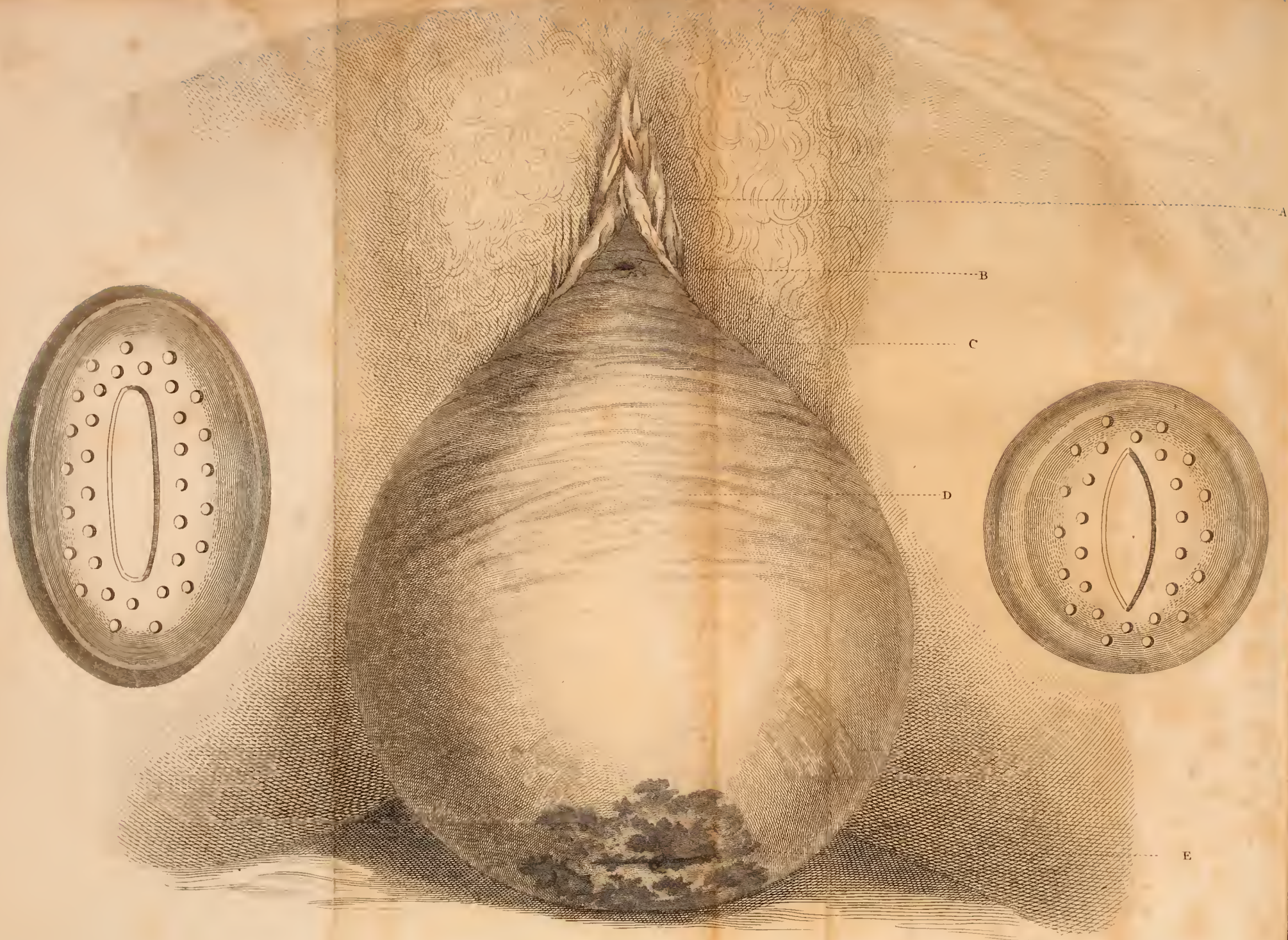
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Drawn from Life by M^r Allen Shadden

Engraved by W. G.

EXPLANATION OF THE PLATES.

PLATE I.

IN this plate is shewn a view of Procidentia Uteri taken from the living subject. The tumour had become external, and hung pendulous between the woman's thighs. The bladder was situated in the upper and anterior part of it, and in consequence of having recently expelled its contents, the rugæ of the vagina became very numerous.

A. The nymphæ.

B. The orifice of the meatus urinarius.

C. The rugæ in the inner membrane of the vagina (now the outer coat of the tumour), very numerous near the upper part of the tumour.

D. The body of the tumour: the rugæ becoming less numerous.

E. The os uteri surrounded by an ulceration.

Upon the sides of this plate are to be seen engravings of the oval and circular pessary, which are adapted to the greater number of the cases of procidentia uteri.

PLATE II.

A View of another case of Procidentia Uteri also taken during life. The shape of the tumour in this case is more oval than in the case Plate I. This will be explained upon considering, that in the centre of this tumour are contained the uterus, the ovaria, the fallopian tubes, the rectum, the bladder, a large quantity of the small intestines, and the omentum; the weight of all which upon the lower part of the tumour, might be naturally expected to elongate it. This elongation of the tumour, it will be seen, has nearly obliterated all the rugæ of the vagina.

A. The os uteri surrounded by ulcerations.

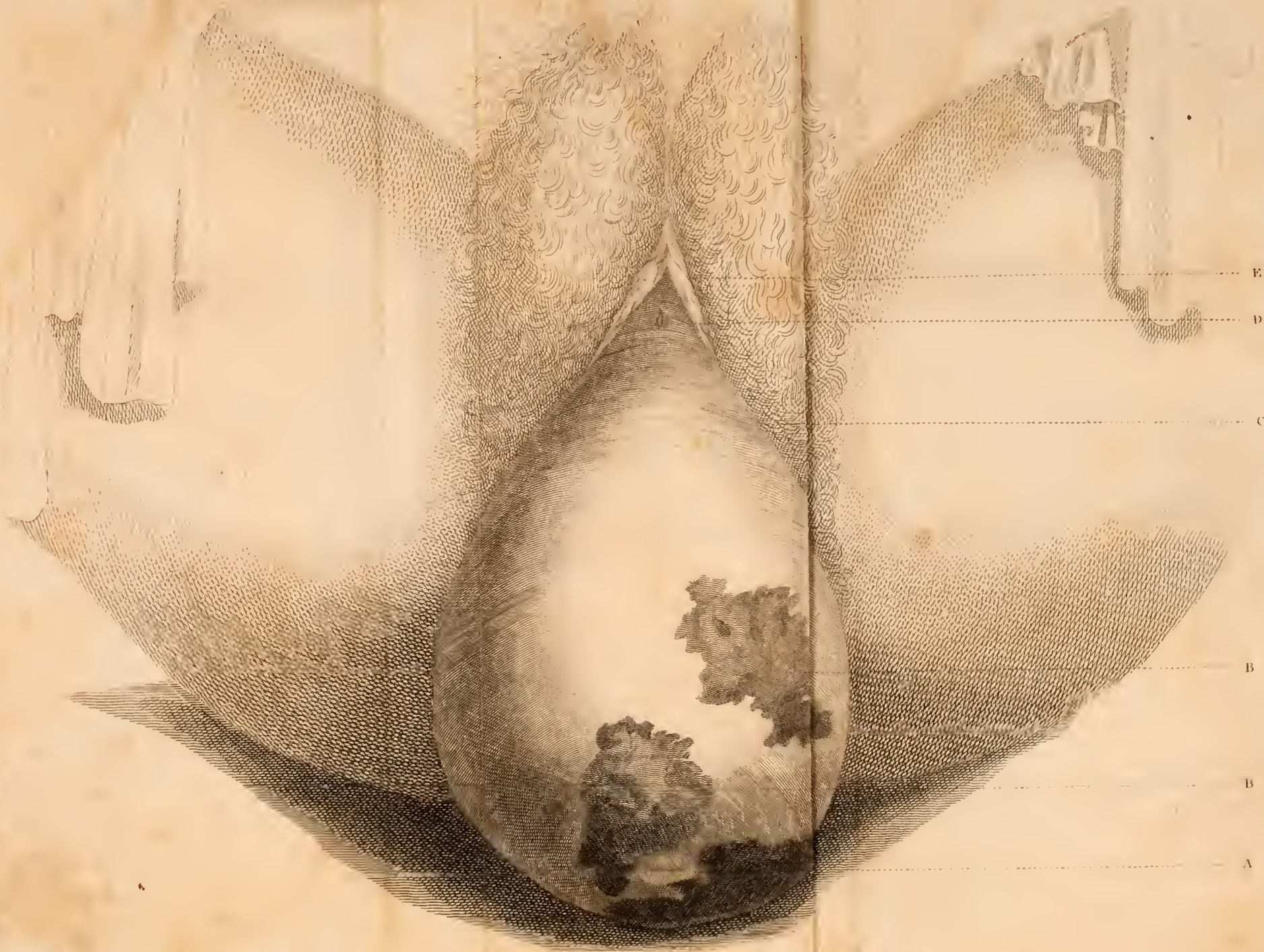
B. B. Two large ulcerated patches.

C. The labia.

D. The orifice of the meatus urinarius.

E. The nymphæ.

N. B. The size of this tumour is reduced in the drawing.



Engraved by M. J. G. J. G. J.

Engraved by M. J. G. J. G. J.





PLATE III.

The patient from whom the former drawing was made, died in Kensington workhouse. This plate is an outline of the parts in the dead body.

- A. The os uteri.
- B. B. Ulcerations.
- C. Rugæ of the vagina.
- D. Orifice of the meatus urinarius, into which a bougie is inserted.
- E. The nymphæ.
- F. The other end of the bougie in the cavity of the bladder, which viscus occupied the anterior part of the tumour.

PLATE IV.

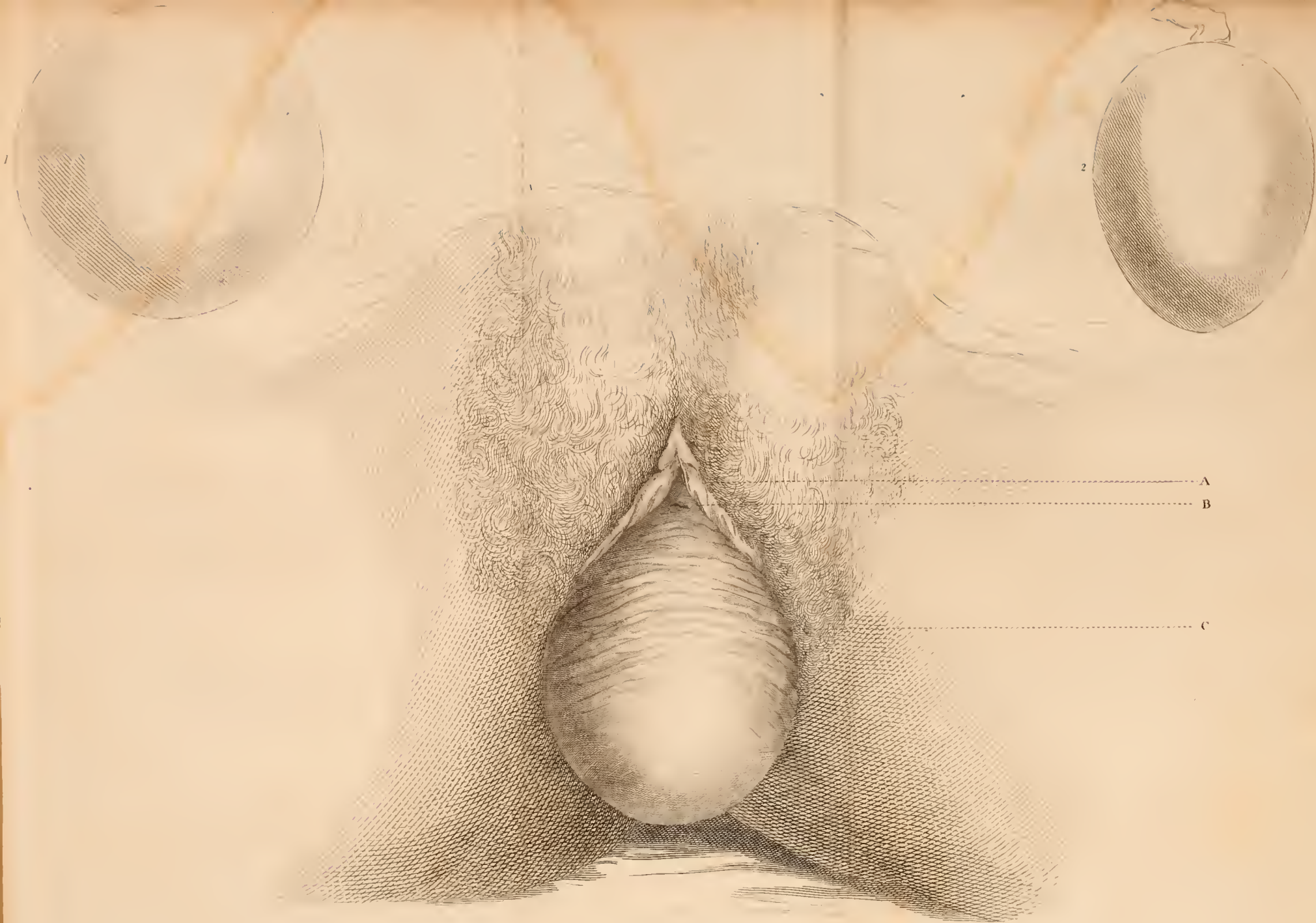
This plate contains a very accurate representation of Procidencia Vesicæ. It is here to be particularly remarked, that there is no opening at the lower part of the tumour.

A. The nymphæ.

B. The orifice of the meatus urinarius.

C. The tumour formed by the procidentia vesicæ, on the surface of which the rugæ of the vagina may be seen.

Fig. 1. The globular pessary. *Fig. 2.* The ovi-form pessary. These are the forms of pessary best adapted to the cure of this disease.





Tab. 1. Anatomia humana per J. P. de C. delin.

Engraved by J. P. de C.

PLATE V.

This plate shews the Carcinomatous Thickening of the Rectum. A longitudinal section has been made of the gut, which displays the disease, and also the narrowed part of the intestine, which the firm and unyielding nature of the disease renders permanent.

- A. The cavity of the intestine in a healthy part.
- B. A healthy part of the intestine.
- C. The cut surface of the carcinomatous tumour, in which may be perceived some spots of a darker colour: these are not unusual in such tumours.
- D. Another cut surface, in which those white lines described by Dr. Baillie are very evident.

PLATE VI.

A very distinct view of Carcinoma Uteri, and of the changes which take place in that viscus in consequence of this disease.

- A. The carcinomatous tumour seated at the posterior part of the cervix of the uterus.
- B. The os uteri much enlarged, which forms one of the principal characters of this disease, especially when the sides of the opening are hard and resisting. A small portion of the vagina is left surrounding the opening.
- C. The cavity of the uterus near the cervix.
- D. The cavity of the uterus near the fundus.
- E. The fundus of the uterus.

The sides of the uterus are kept asunder by two pieces of quill placed transversely across the preparation.

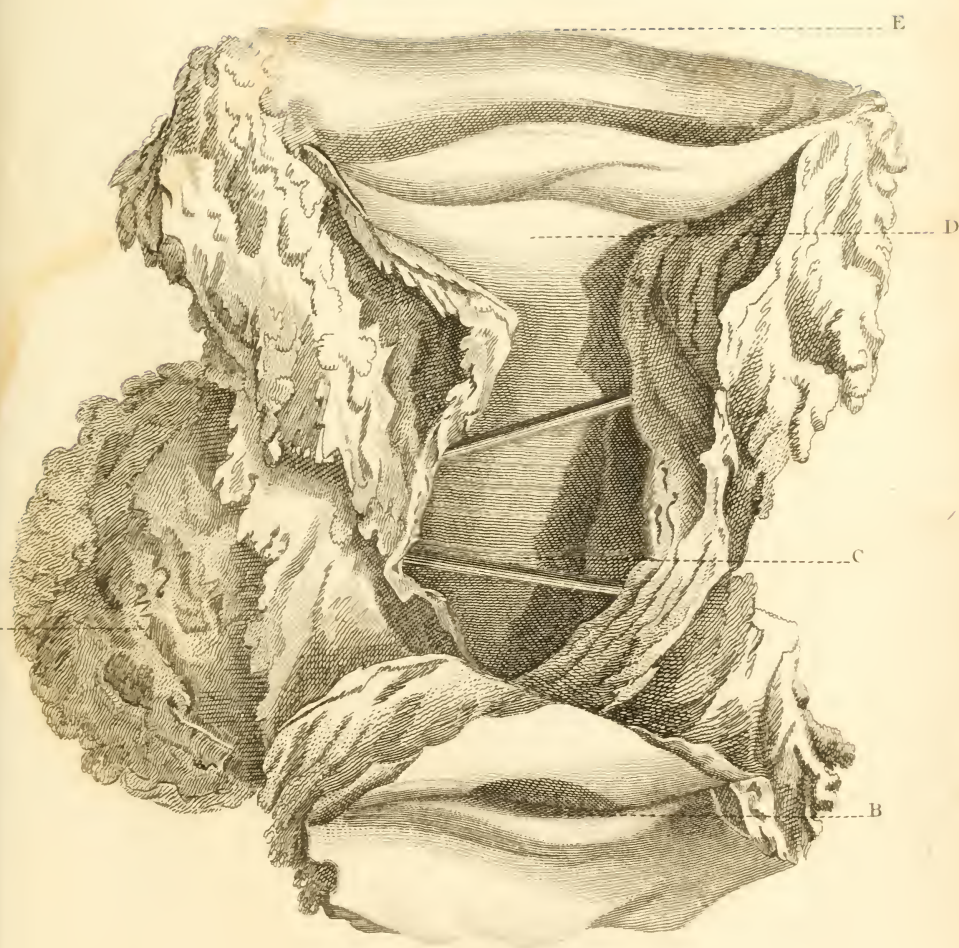




PLATE VII.

A posterior view of the same preparation.

A. shews a section of the carcinomatous tumour, a part of which only could be exposed in Plate VI.

B. The fundus of the uterus.

As the size of this drawing does not exceed the actual size of the preparation, it is obvious that all the parts of the uterus have undergone some degree of enlargement.

PLATE VIII.

This engraving shews a Polypus of the Uterus.

- A. The polypus, in which may be perceived a longitudinal depression made probably by the meatus urinarius. It is attached to the fundus of the uterus by a small neck. The tumour has descended out of the uterus into the vagina, which has been slit open to bring it into view.
- B. The vagina ; a few rugæ remaining below the tumour. Higher up they are obliterated by the distention of the parts.
- C. The fundus of the uterus, by which the preparation is suspended.
- D. One of the round ligaments.
- E. A part of the left ovarium.

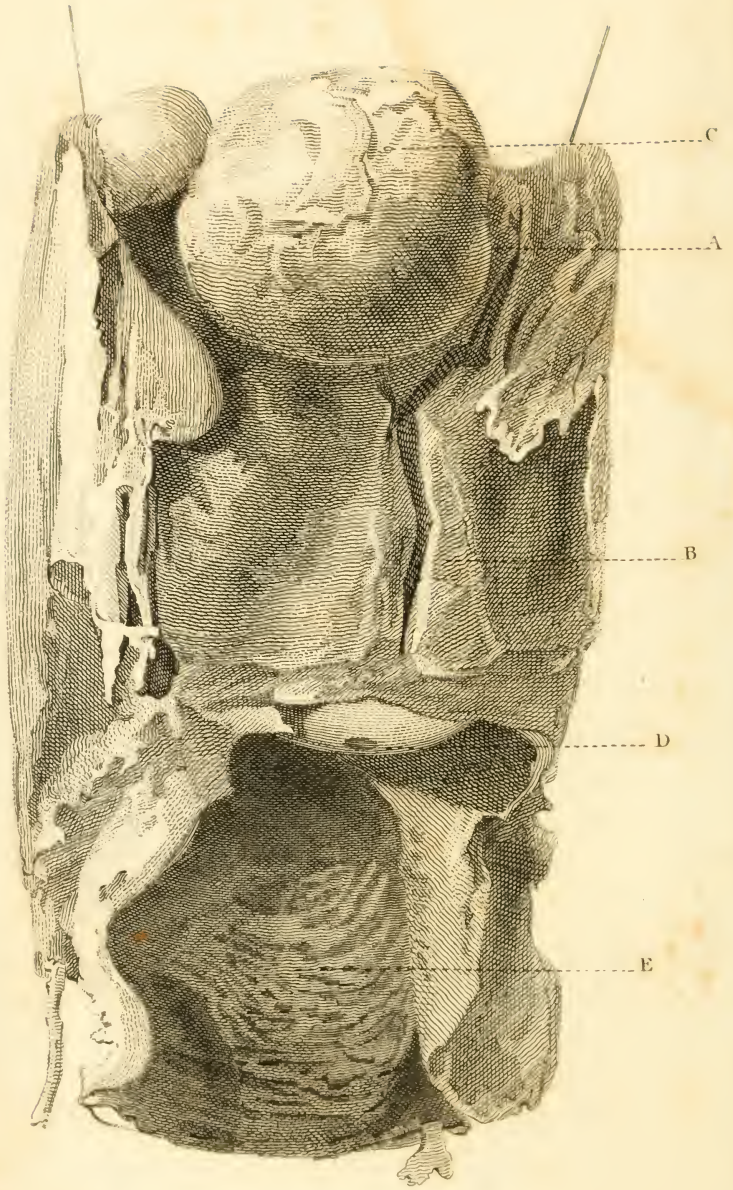


PLATE IX.

Fleshy Tubercle of the Uterus.

- A. The edge of the tubercle.
- B. An incision made from the fundus of the uterus to the cervix, which shews that the sides of the uterus are not thickened.
- C. The surface of the tubercle, having several irregularities upon it.
- D. The os uteri, having undergone no change: indeed its appearance, together with that part of the uterus which projects a little into the vagina, may be looked upon as a specimen of a perfectly healthy os uteri.
- E. The vagina slit open: the rugæ, and the very irregular manner in which they are disposed, are also very correctly shewn.

PLATE X.

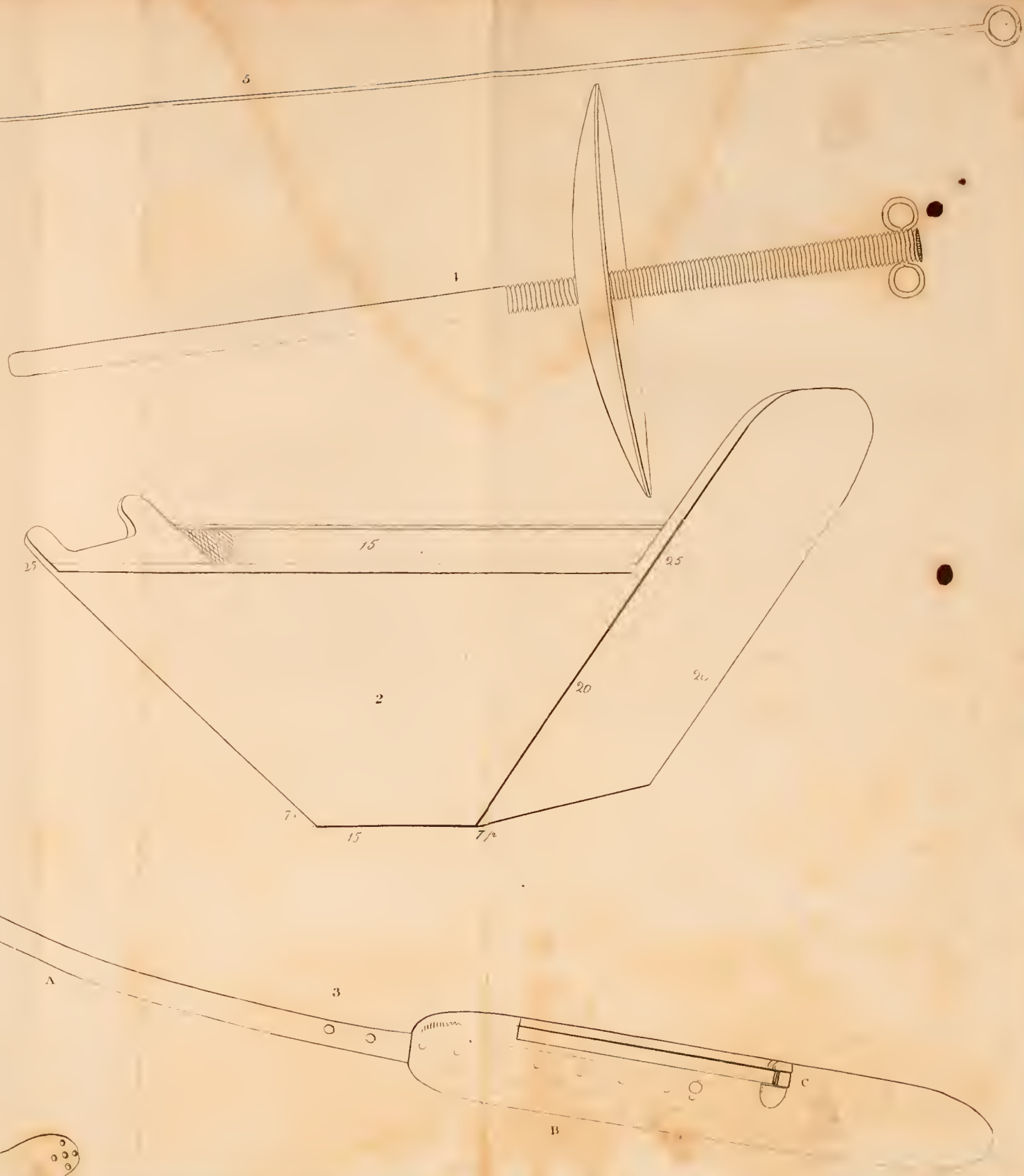
At the lower part of the plate there is a rod for passing a ligature round a polypus of the uterus. The handle is made hollow, so as to admit a part of the rod, which is secured by a spring in the handle.

At the upper part of the plate is a wire, by means of which the ligature can be drawn through the canula.

Immediately below this is the canula, furnished with a shield, to prevent the instrument being pushed into the vagina higher than intended by the operation.

In the centre of the plate is a drawing of a hip-bath, the dimensions being given in inches. On the left side of the plate is described the best form of a female syringe.

THE END.





Accession no. 50170

Author Clark, C.

Observations on
snow-flowers...
part I, 1814.

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